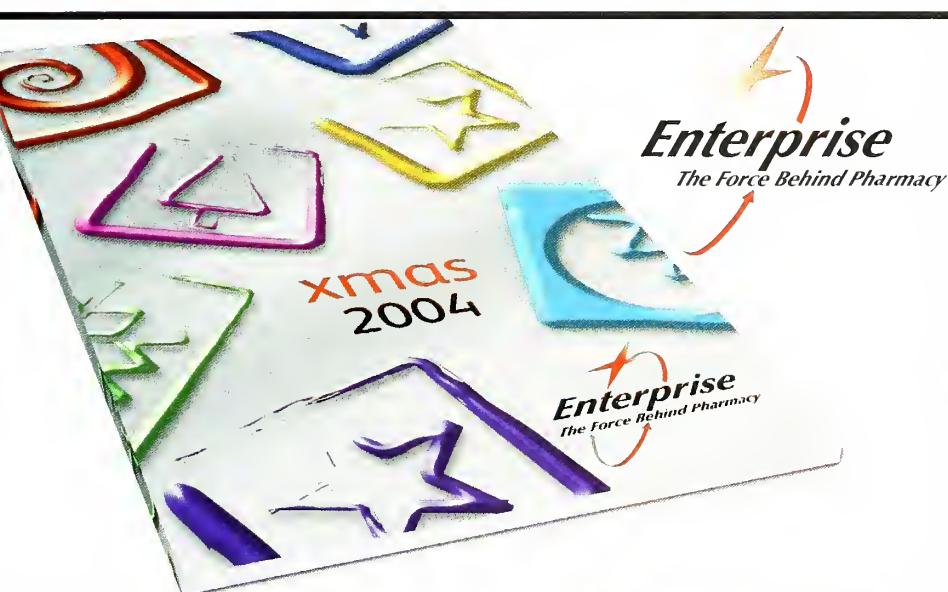


29 May 2004



Enterprise Christmas Shows 2004

Following on from the success of last years shows, Enterprise will again be touring Britain to enable you to see the products available in this years Christmas Catalogue. The Belfast show has already been a huge success this year, with a record attendance. Make sure you don't miss your chance to preview the range available from the catalogue, by attending one of our shows. Enterprise Representatives will be delivering invitations soon.

DATE	TIME	VENUE
Monday 28th June	5pm to 9pm	Ramside Hotel, Durham
Tuesday 29th June	5pm to 9pm	Norton House Hotel, Edinburgh
Wednesday 30th June	1pm to 9pm	Moat House Hotel, Glasgow
Thursday 1st July	5pm to 9pm	Hilton Treetops Hotel, Aberdeen
Monday 5th July	5pm to 9pm	Village Hotel, Bury
Tuesday 6th July	1pm to 9pm	Village Hotel, Dudley
Thursday 8th July	1pm to 9pm	Village Hotel, Cardiff
Tuesday 13th July	1pm to 9pm	Moat House Hotel, Elstree
Wednesday 14th July	1pm to 9pm	Hilton International Hotel, Croydon
Tuesday 20th July	5pm to 9pm	Botleigh Grange Hotel, Botley, Southampton



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SOS 'four' face £30K costs in RPSGB victory

Contractors left in dark as pay talks stall

Numark offers demographics to members

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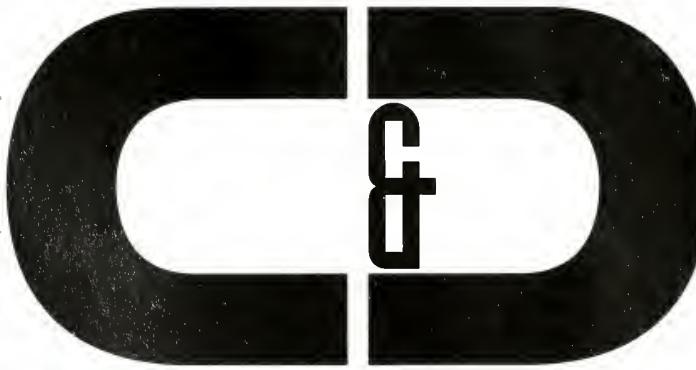
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Four Save Our Society campaigners have been ordered to pay interim costs of £30,000 after losing their bid to halt the Society's new Charter application. One of the SOS claimants, Mark Koziol, left, said: "We are astounded by the decision"

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SOS four to pay £30K as judge rejects case

A judge has ordered four Save Our Society campaigners to pay interim costs of £30,000 after rejecting their bid to stop the Royal Pharmaceutical Society's Charter application.

Mr Justice Park gave a summary judgement last Friday in favour of the Society, "striking out" the claim brought by pharmacists Mark Koziol, Graham Phillips, Michael Williams and Hassan Argomandkhah (C&D, May 22, p4).

The RPSGB had acted lawfully in submitting a petition for a new Charter to the Privy Council, the judge said. The submission was made on the resolution of the Council and carried by a 16 to five majority. He concluded that the Society, acting by its Council, was lawfully entitled to pursue it.

The ruling leaves the way clear for the Society to press on with the petition to the Privy Council. Although Mr Justice Park refused permission to appeal in his court, the four claimants have said they will go to the Court of Appeal. They have 28 days to pay the interim costs awarded to the Society and the 16 Council members named in the action.

SOS counsel Christopher McCall argued that the RPSGB Council acted outside its remit in petitioning for a new Charter. The SOS believes the Society will become predominantly a regulator rather than a representative body under the new Charter.

Mr McCall said the proposed new Charter created a "conflict" with the binding terms of the current Charter, while the shift towards the "public interest" element of the Society's role undermined its traditional functions.

"Our basic proposition is that there is indeed a change of stance going on here, and that is what we say the Council is not able to introduce," he said.

Mr Justice Park sympathised with both sides' views but said he had "no view whatever" about the merits of the proposed Charter.

However, on the issue of the lawfulness of the Council's

referral to the Privy Council, he favoured the Society.

There was growing concern that the Government might impose changes on the Society under powers that enabled it to alter such organisations' constitutions, he said. The Council – as the Society's governing body – tackled the question of change to stave off the possible "weakening of its self-regulatory role", he added.

The entire petition issue was "controversial", said the judge, with "a significant number of members opposing it". He said some members were clearly "unhappy" about the new direction being taken, given concerns about the erosion of its 'representative' role, but added: "I am wholly unable to form a view over whether the opponents were a majority or a minority of the membership."

He upheld the Council's claim that, by virtue of Article 12 of its constitution, it acted as the Society's "organ" with "the duty and power to act for it", and rejected submissions by the group of four lawyers that the resolution to petition the Privy Council needed the assent of the membership and not the Council before it could be passed.

Requiring majority assent in such circumstances was unworkable, he said. "The notion that a majority of the total members can act for the Society to petition for a new Charter – but that the Council cannot – is utterly unrealistic, and the law would be in a sorry state if it was correct."

Mr McCall described this as democracy in action, but the judge observed: "I am tempted to say that it would lead to democratic paralysis."

The judge also questioned the claimants' decision to sue not only the Society, but also the 16 individual Council members who voted in favour of the controversial resolution. "I question the appropriateness of suing the 16 Council members personally, but nothing turns on that at this stage," he said.

The RPSGB view

RPSGB president Gill Hawksworth, right, said the judge's decision could not be clearer, adding that he ruled the Council acted entirely properly in the way it had taken forward the petition for a new Charter.

"While it is gratifying that my colleagues and I have been so thoroughly vindicated, it saddens me that we have had to spend time, energy and money on defending this action. Our profession is currently facing many challenges as well as opportunities and our Council and our profession need to get to grips with them. I want us all to put this unnecessary litigation behind us and pull together in the interests of the membership."

Dr Hawksworth said she and the Council recognised there was a need for more emphasis on good communications with the membership, and added that a review was in hand, which would bring forward proposals for "new and better ways" of communicating Council decisions to members.



The SOS view

The SOS said it was "clear this judge valued administrative convenience over democratic accountability. In consequence he has given a judgement which fails to deal with the submissions of the SOS claimants and ignores the provision in the current Charter which very obviously was specifically designed and intended to be used for constitutional change".



Mark Koziol, right, added: "We are astounded by this decision, the idea that our Council is all powerful and that it can seek a new Charter without the approval of the members not only flies in the face of modern corporate governance, but according to our legal team it makes bad law. In this day and age, what representative body should be allowed to write itself a new constitution without the approval of its members? If this summary judgement is correct, then the Council can seek a new Charter even if the members demonstrate utter disapproval and the recent Council election results clearly show that this is the case."

Hassan Argomandkhah appealed for money from members to support the SOS's legal challenge.

The Council view

Despite losing the court case, the SOS is set to continue its fight against the Charter application from within the RPSGB Council chamber.

The SOS wrote to the Privy Council last Friday advising it that the Society's Council

intended to recall the Charter petition at its next meeting. The 10 SOS Council members and members-elect, as well as Council members Hemant Patel, Gerald Alexander and Martin Astbury signed the letter (there are 24 Council members in total).



Wasp-Eze seeks P to GSL switch

Seton Products has submitted an application to reclassify Wasp-Eze Spray (benzocaine 1.0 per cent, mepyramine maleate 0.5 per cent) from P to GSL.

The company supported its case for the switch claiming that topical products containing greater quantities of the active ingredients are already available as GSL products.

Comments on the proposal should be sent to the MHRA. (Amanda.Lawrence@mhra.gsi.gov.uk) by June 30, 2004.

Durogesic recall

Janssen-Cilag has recalled certain batches of Durogesic (fentanyl) Transdermal Patches in all strengths due to stability problems.

Ethanol concentrations in certain batches do not meet specification and drug delivery may be at a suboptimal dose. Further information is available from the company on 0800 7315550.

RPSGB's big conversation

The Royal Pharmaceutical Society will hold its own 'big conversation' with Labour MPs including health minister Rosie Winterton on June 21 at the Society's Lambeth headquarters.

The event will give the profession the opportunity to influence Labour Party thinking as it prepares its next election manifesto, the Society said.

SPGC elections

The SPGC has re-appointed Frank Owens as chairman for another term. Lloydspharmacy pharmacist Alex MacKinnon, who has been a member of the contract negotiating team for the past year, replaces Ron Shiels as vice-chair.

OTC statin query

The Government's backing for an OTC statin has been hailed as "a bad decision for public health" by a leading UK medical journal.

The *Lancet* editorial claimed the Government's motive for the switch of simvastatin 10mg from POM to P was rooted in saving money and queried pharmacists' abilities to question prospective purchasers thoroughly of their suitability and need for the drug.

Zocor Heart-Pro will need a surveillance system to evaluate benefit and risk and to contribute to any proposals for future OTC statin launches or increases in dose of OTC simvastatin, it added.

DoH puts regional oxygen supplies out to tender

by Fiona Salvage

fsalvage@cmpinformation.com

Regional oxygen supply contracts have been released for competitive tender by the Department of Health despite PSNC's efforts to keep the service within community pharmacy (see p46).

The DoH has placed adverts for the tender in the *Official Journal of the European Union* and has notified its intent to pharmacies that currently provide an oxygen service.

PSNC lobbied the DoH to split the tender into the three modalities of cylinders, liquid oxygen and concentrators, but the DoH remained steadfast in its intent to have regional contracts for all oxygen forms.

As the contracts will be for regions, community pharmacists are unlikely to be able to tender, said PSNC finance director Godfrey Horridge. PSNC is negotiating with oxygen companies to see if they would subcontract to pharmacies. However, he warned that this is not the only option that gas companies were considering.

If negotiations are unsuccessful, PSNC will seek compensation for contractors who give up their oxygen business because of the contract change.

Mr Horridge advised pharmacy contractors who currently run oxygen services to minimise investment while they carry on providing the service. He warned the DoH that it "must realise that



"patients need a service" and community pharmacy is best placed to offer it.

Slow pay talks set to delay contract start date

The DoH has refused to disclose whether the new contract is still scheduled for October and why its opening pay offer – rejected last week by PSNC – was so low.

Following its second contract meeting with PSNC last Tuesday, the DoH said negotiations were continuing but was not prepared to comment further other than to confirm it wanted to implement the new contractual framework “as soon as practicable”.

Although it says it wants to negotiate a fair deal for pharmacists, patients, taxpayers and the NHS, the DoH declined to comment on whether its first funding offer had been “fair” and whether a further offer was imminent. It also refused to be

drawn on when a decision on generics funding would be made and if this was the reason for delay in agreeing the contract funding.

Health minister Rosie Winterton told PSNC she wanted the new contract to be introduced as soon as possible but could not commit to a date in the absence of funding agreement and referred to the need to deal with generics prices.

PSNC chairman Barry Andrews said it was clear that the “pace of action in the Department means that October implementation is not now realistic”.

Earlier this month, Ms Winterton told North Yorkshire

LPC’s business forum that the DoH would soon respond to the control of entry consultation and added that a consultation on pharmacists’ access to medical records and confidentiality would be published later this year.

● The All-Party Pharmacy Group will hold an inquiry into the new contract on June 15.

Chairman Howard Stoate said the APPG wanted the contract in place as soon as possible and had invited Ms Winterton to the discussion.

“It’s not our role to bang heads together, but we are convinced of the need for this new contract so we will be very interested to hear about what’s caused the delay,” he said.

Moss pilots face-to-face dispensing



Three Moss Pharmacy stores are trialling a direct dispensing service aimed at increasing patients’ concordance with their prescribed medication.

Prescriptions are assembled in front of customers by technicians at individual dispensing stations, called ‘pods’, as part of the ‘face2face’ initiative. Customers’ queries are answered by technicians during dispensing or by the pharmacist who checks the assembled prescription.

Located in front of a medicines carousel, each station has a PMR computer and till point. Patient confidentiality is maintained by screens between pods, by issuing customers with numbered tickets, and by requesting patients to remain a certain distance away from the pods until called. Complex prescriptions, including those for extemporaneous preparations, CDs, split packs, or for more than five items, are dispensed in a separate area.

David Wilson, pharmacy manager at Moss’s Nuneaton branch said technicians enjoyed the increased patient contact. “Patient consultation is an integral part of the dispensing process rather than something that’s added on afterwards, and this service allows that,” he said.

Superintendent pharmacist Tricia Kennerley said the project would be audited after six months to assess whether it was suitable for other stores.

“So far the results are good. In addition to processing more prescriptions, growth, near miss and error reporting have dropped considerably,” she added.



Customer satisfaction is a key driver for the introduction of a new dispensing service at Moss Pharmacy in the Four Yarnton area. Pharmacists and technicians will now provide direct dispensing to customers. Moss Pharmacy manager David Wilson said: “We are excited to offer this new service and hope our patients will benefit from the increased contact with their pharmacist.”

Question time

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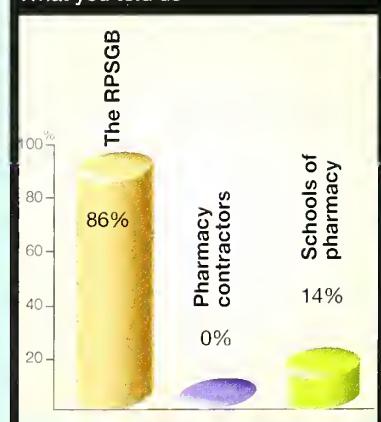
Last week we asked you: “The proliferation of new schools of pharmacy will increase competition for pre-registration placements. But whose responsibility is it to ensure that enough places are available?” You replied (see right):

This week’s question: How do you think patients will be affected when responsibility for provision of oxygen services is transferred from community pharmacy to oxygen suppliers?

- Lost opportunity for pharmacist intervention on other conditions
- Increased waiting times for assistance and advice
- Not at all

You can record your vote on our website: www.dotpharmacy.com. You have until noon on June 1 to cast your vote. We will publish the results in *C&D*, June 5.

What you told us



We're expecting blooming great sales again this year.



Zirtek was the fastest growing oral OTC Allergy relief brand during the hayfever season of 2003, outgrowing the market by almost double.¹

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ZIRTEK ALLERGY/ZIRTEK ALLERGY RELIEF

PRESENTATIONS: Film-coated tablets containing 10mg cetirizine hydrochloride.

USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSAGE AND ADMINISTRATION: Adults and children aged 6 years and over: 10mg daily. Children between 6 to 12 years of age: either 5mg (1/2 tablet) twice daily or 10mg once daily. In renal insufficiency halve the dose to 5 mg (1/2 tablet) daily. Zirtek Allergy Relief: Adults and Children aged 12 years and over: 10mg once daily.

CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.

INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort.

Convulsions have very rarely been reported.

PACKAGING/PRICE: Zirtek Allergy: Pack of 21 tablets = £8.95 R.R.P. Pack of 30 tablets = £14.95 R.R.P. Zirtek Allergy Relief: Pack of 7 tablets = £4.45 R.R.P.

LEGAL CATEGORY: Zirtek Allergy: P. Zirtek Allergy Relief: GSL.

MARKETING AUTHORISATION NUMBER: PL 08972/0032

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.

For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD18 0UH. Telephone (01923) 211811. Facsimile (01923) 229002. Email: medicaluk@ucbgroup.com.

ref 1: IMS Pharmatrend week 22 to 30 2002 vs week 22 to 30 2003

ref 2: Day JH et al. J Allergy Clin Immunol 1998; 101; 638-45.

ref 3: BNF and MIMS 2003

Clarityn is a registered trademark of Schering-Plough Ltd.

* Zirtek Allergy, at the recommended dose, does not cause drowsiness in the majority of people. However rare cases of drowsiness have been reported.

ZIRTEK ALLERGY SOLUTION

PRESENTATIONS: Banana flavoured sugar-free solution containing 1mg/ml cetirizine hydrochloride

USES: Treatment of seasonal allergic rhinitis in children aged 2 years and over, and perennial allergic rhinitis and chronic idiopathic urticaria in children aged 6 years and over.

DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: Two 5ml spoonfuls once daily. Children aged 6 to 11 years of age: Two 5ml spoonfuls once daily or one 5ml twice daily. Children between 2 to 5 years of age: One 5ml spoonful once daily or one 2.5ml spoonful twice daily.

CONTRAINDICATIONS: Hypersensitivity to the constituents. Avoid use in pregnancy and lactation.

INTERACTIONS: To date there are no known interactions. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort.

Convulsions have very rarely been reported.

PACKAGING/PRICE: 200ml Solution = £18.95 R.R.P., 75ml Solution = £7.95 R.R.P.

LEGAL CATEGORY: P

MARKETING AUTHORISATION NUMBER: PL 08972/0033

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD18 0UH.

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Category management scheme from Numark

by Sasa Jankovic

sjankovic@cmpinformation.com

Numark has launched a new category management scheme to its members, following two years' research into geodemographic profiling.

"We are the first in the independent pharmacy sector to do this," said Numark chief executive David Wood, "and we see this as a significant benefit to our members."

Numark has studied the location and demographic details within a one mile radius of each of its member pharmacies and separated them into one of five cluster groups: families on a budget; retired and comfortable; retired and budgeting; moving on up; and property rich and secure.

The result is the ability to forecast the demand for OTC products on a store-by-store basis, which can then be merchandised to their target audience.

For £15 per month, Numark customers signing up to the scheme will be entitled to a range of services including store-

specific planograms, training for counter staff and a GSL medicines merchandising unit.

Numark has just announced record results for 2003. Benefits to members showed a 43 per cent increase in rebates to £13.8 million. Turnover rose 19 per cent to £48.3m and profit climbed 61 per cent to £1.4m.

Its over the counter joint venture with Phoenix Medical Supplies Ltd, Numark Trading Limited (NTL), saw sales increase 10 per cent to £50m.

Numark private label sales grew by 7 per cent, despite price deflation in many categories.

David Wood said: "Independent pharmacies need support in planning and adapting to their role under the new pharmacy

contract and it is important that we lead our members in the independent sector to enable them to successfully deliver the new *Vision for Pharmacy*. This will form our main area of focus for 2004."

[For more information:](#)

Numark tel: 01827 841220



UK pharma trade surplus rises

The UK pharmaceutical industry recorded a trade surplus of £3.6 billion last year according to final year statistics from the ABPI.

The figures reveal UK pharmaceutical exports grew over the year by 17 per cent resulting in a trade surplus of £3,634

million - a 38 per cent increase over 2002. In 2003 UK pharmaceutical companies exported £11,926m worth of medicines (£10,185m in 2002), while the UK imported medicines to the value of £8,293m (£7,549m in 2002).

These results position the medicines and pharmaceuticals sector as the third most profitable UK exporter.

The industry is also rapidly catching up with oil, whose trade surplus over the same period was only £200m greater at £3,813m.

Pharmacy Alliance wins PD award

UniChem's Pharmacy Alliance medicines management division, with the Task Force on Medicines Partnership and the University of Oxford, has won the healthcare category at the European Parkinson's Disease Association Conference for its clinical study submission.

The study will assess patient, GP and pharmacist needs for pharmaceutical care of Parkinson's Disease patients in community pharmacy.

Funded by a grant from Pfizer, it will involve 18 community pharmacies across Primary Care Trusts in St Helen's, Brighton and Hove City and Coventry. Each will recruit 15 Parkinson's Disease patients and follow them up over a nine month period. Patient outcomes will be evaluated externally by Professor Crispin Jenkinson of the Health Services Research Unit, University of Oxford, using validated questionnaires. Pharmacists and

GP feedback will be obtained at the end of the study.

The results, available in June 2005, will feed into the Department of Health's policy to enhance Parkinson's Disease patient care under the *Long Term Neurological Conditions NSF*, and extend the role of community pharmacists through the new pharmacy contract. The project could provide a model for creating community pharmacists with a 'special interest'.

£11m compensation

Acambis is to receive £11 million from Baxter Healthcare to terminate an agreement to manufacture components of bacterial vaccines at its Canton facility.

In 2003, Baxter halted certain bacterial vaccine projects and told Acambis it was no longer required to manufacture these components.

Carton makeover

An alternative to white tablet cartons has arrived from Essex company Shanty's. Each MediBOX carries slogans such as "do not order or keep medicines you no longer need" on a medical-themed background. They come in four sizes and are listed in the *C&D Price List*.

[For more information:](#)

Tel: 020 8595 7836

UCB sells chemicals

Following its offer to buy Celltech last week for £1.53 billion, UCB is planning the £670 million sale of its own chemicals business. The sale will allow UCB to repay the debt it will accrue from buying Celltech, and enable it to focus on its core pharmaceuticals business.

GSK settles Relafen suit

GlaxoSmithKline has settled a £42 million lawsuit charging it with blocking generic copies of its Relafen arthritis drug in the USA. The settlement will create a £14m pool for consumers' reimbursement for overcharging and a £28m pool for third party payers. GSK has already taken a £220m charge to cover claims over Relafen.

ADAllen is a winner

ADAllen Pharma Ltd was a winner in the business to business category at the recent Essex Countywide Business Awards 2004.

Chief executive David Allen said: "This is welcome recognition of the investment we have made to deliver high levels of customer service and knowledgeable sales support."

Pfizer files suits

Pfizer has filed lawsuits against six websites for selling an unapproved copy of its Lipitor anti-cholesterol drug. The suits are against Look4Generics.com, Generic Lipitors, Online Rx DrugStore, WorldMedsRX, BM International, and Offshore Pharma.

Pfizer said the sites market a product called Storvas, advertised as manufactured by Ranbaxy Pharmaceuticals.

VATOL® RAPID [diclofenac potassium]

REVIADED PRESCRIBING

FORMATION. **Indications:** Rheumatoid arthritis, osteoarthritis, low back pain, migraine, acute musculo-skeletal disorders & trauma, benign spondylitis, acute gout, control of pain & inflammation in orthopaedic, dental & other minor surgery, pyrophosphate arthropathy and associated disorders. **Presentations:** 25mg or 50mg, red tablets, each containing diclofenac potassium. **Dosage and Administration:** Take with fluid. **Adults:** Up to 100-150mg per day or 3 divided doses. **Migraine:** Initially 50mg at sign of an attack. A further dose can be taken 4 hours later. If needed, further doses of 50mg can be taken at intervals of 4 to 6 hours. Do not exceed 150mg per day. **Children:** 7.5 to 100mg per day in 3 divided doses. Not recommended in children under 14. **Migraine:** Use in children not yet established. **Elderly:** Use with caution. Monitor for bleeding during first 4 weeks of treatment. Use lowest effective dose in frail patients or those with reduced body weight. **Contraindications:** Active or suspected peptic ulcer or GI ulcers or bleeding, known sensitivity to diclofenac. Patients in whom asthma, urticaria or acute rhinitis are precipitated by aspirin or other NSAIDs. **Warnings, cautions and interactions:** **Warnings:** Closely monitor patients with symptoms or a history of GI disorders. Discontinue if GI bleeding or ulceration develops. Closely monitor patients with known hepatic impairment. Allergic reactions, including anaphylactic/anaphylactoid reactions may occur. Signs and symptoms of infection may be masked. **Precautions:** Renal, cardiac or hepatic impairment, elderly. Keep under surveillance and monitor renal function. Use lowest effective dose. Monitor if abnormal liver function persists or worsens. Hepatitis may occur without prodromal symptoms. Recovery following major surgery, concomitant diuretics. Hepatic porphyria. May possibly inhibit platelet aggregation. Monitor patients with defects of haemostasis. Long-term treatment: monitor renal and hepatic function and counts. Bronchial asthma, history of heart disease or hypertension. **Interactions:** Lithium, warfarin, anticoagulants, antidiabetic agents, aspirin, methotrexate, other NSAIDs and corticosteroids, diuretics, quinolone antibiotics, oral glycosides, mifepristone, antihypertensives. **Pregnancy and lactation:** Only use during pregnancy in compelling circumstances. Use lowest effective dose. Congenital abnormalities have been reported with NSAIDs. May cause premature closure of the ductus arteriosus or uterine inertia. **NOT** use during last trimester. Traces of active diclofenac detected in breast milk, but unlikely to be dangerous to the infant. **Effect on ability to drive or use machines:** May cause dizziness or CNS disturbances: do not drive or use machines if this occurs. **Side-Effects:** **GI:** Occasional: Epigastric pain & other GI disorders. Rare: GI bleeding, GI ulcer. **Isolated:** Lower gut disorders, pancreatitis, aphthous stomatitis, ulcers, oesophageal lesions, constipation. **CNS:** Occasional: Headache, dizziness, vertigo. Rare: Drowsiness, tiredness. **Isolated:** Disturbances in cognition, paraesthesia, memory disturbance, orientation, insomnia, irritability, convulsions, depression, anxiety, nightmares, tremor, psychotic reactions, aseptic meningitis. **Special senses:** Isolated: Disturbances in vision, impaired hearing, taste disturbances, tinnitus. **Skin:** Occasional: Rash, skin eruptions. Rare: Urticaria. **Isolated:** Rash, skin eruptions, eczema, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome, hidradenitis, loss of hair, photosensitivity reactions, purpura. **Renal:** Rare: Oedema. **Isolated:** Renal insufficiency, urinary abnormalities, interstitial nephritis, nephrotic syndrome, papillary necrosis. **Liver:** Occasional: Raised ALT or AST. Rare: Liver function disorder including hepatitis, fulminant hepatitis. **Blood:** Isolated: Thrombocytopenia, leucopenia, anaemia, haemolytic anaemia, aplastic anaemia. **Hypersensitivity:** Rare: Hypersensitivity reactions. **Isolated:** Vasculitis, pneumonitis. **Other:** Endocrine system: Isolated: Impotence. **Cardiovascular:** Isolated: Palpitations, chest pain, hypertension, congestive heart failure. **Product licence numbers, quantities and price:** **VATOL RAPID** 25mg Tablets PL 00101/0481 Boxes of 28 £3.67 (excl VAT). **VOLATOL RAPID** 50mg Tablets PL 00101/0482 Boxes of 28 £3.67 (excl VAT). **Legal Category:** POM. **Date last revision:** November 2002. **VOLATOL** is registered Trade Mark. Full prescribing information, including Summary of Product Characteristics, is available from **NOVARTIS PHARMACEUTICALS UK LIMITED** Trading as **Geigy**, **Pharmaceuticals**, **Frimley Business Park**, **Frimley**, **Surrey**, **GU16 7SR**, **phone number:** 01276 692555, **number:** 01276 692508.

ference:
Bakshi, R, et al Curr Ther Res 1992; 52: 435-442

of preparation, January 2004

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4/04/99

Think differently about diclofenac

®**Voltarol Rapid**

diclofenac potassium

Voltarol Rapid is an immediate release potassium formulation of diclofenac tablets



Voltarol Rapid starts to relieve pain in 15 minutes¹

Voltarol Rapid is suitable for acute painful disorders that require a quick analgesic effect¹

 **NOVARTIS**

Asda joins NPA

by Sasa Janković

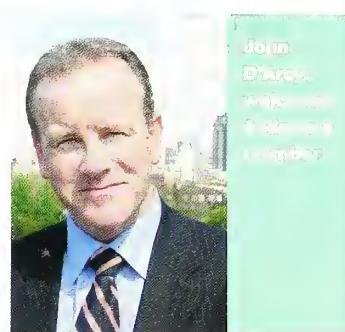
sjankovic@cmpinformation.com

The NPA board of management has approved Asda's application for membership of the NPA.

NPA chief executive John D'Arcy said: "I am delighted that Asda has decided to join the NPA. The NPA, as a body representing pharmacy owners, will be at its strongest and most effective where it represents all pharmacy owners, and the addition of Asda to our membership is a significant step in that direction.

"The agenda facing community pharmacy has never been more challenging. A large and diverse membership is essential not only to ensure the NPA is properly resourced to tackle this agenda head on, but also to ensure that our view on pharmacy issues fully reflects the diversity of pharmacy ownership."

Asda's superintendent pharmacist John Evans said: "It is important for pharmacists, our customers and Government that everyone within the industry is moving in the same direction. We are pleased that the NPA board agrees and that it is necessary to consider views from all parts of



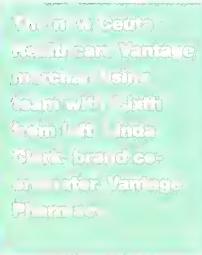
the profession and we look forward to making a contribution.

"Membership is also great news for our pharmacists who now have access to the range of excellent services the NPA offers."

Boots is now the only large multiple which is not a member of the NPA. "It is our strategic objective to bring all community pharmacy owners into membership, including Boots," said John D'Arcy. "Boots has never been a member of the NPA but we see ourselves as an inclusive organisation and Boots is eligible to join. We are strongest if we speak for all pharmacy owners and it would enhance the NPA's voice if Boots joined."

For more information:
www.npa.co.uk

Vantage revamps merchandising service



Vantage Pharmacy has relaunched its merchandising package for pharmacists.

A new merchandising team, managed by Ceuta Healthcare, will visit subscribing customers' stores every eight weeks to implement planograms on key categories to boost sales through merchandising shelf space.

Vantage promises that each pharmacist signing up for the service can expect to see every category in the entire store merchandised professionally within one year.

AAI's director of marketing, Mandeep Mudhar, said: "Merchandising is one of the often-ignored elements of pharmacy. In today's climate, pharmacists must become better retailers and deliver more and better services to remain competitive."

Pharmacists using the service are also able to buy Vantage own-label products, uniforms and training packages as additional options.

For more information:
Vantage, tel: 02476 432000

Lambeth OUTLOOK

Look out! It's behind EU

Beverley Parkin, RPSGB director of public affairs, discusses the need for close scrutiny of European activity

Europe. There, I've said it. Now before you reach for the atenolol I should point out that the EU, however you view it, plays a vital part in the regulation of the pharmacy profession. In or out, this is unlikely to change in the near future so developing our relationships with decision-makers in Brussels and Strasbourg is becoming an increasingly important element of the Society's work.

With a low turnout expected for the forthcoming elections to the European Parliament on June 10, this is a testing time for Europe. That particular day is being ironically referred to in political circles as 'Super Thursday', mirroring the description of the day when 10 separate American states hold Democratic primaries to choose their next presidential candidate. Given that three separate elections are being held in June, pundits predict that there may be a slightly higher voter turnout, though not by nearly enough to bring a smile to the faces of many party activists.

So, bad news for eurocrats. But in a climate of increasingly complex regulation emanating from Europe, the Society's scrutiny of and engagement with legislation from the EU is vital. We simply cannot afford to miss out on influencing an EU Directive at draft stage. Attempting to alter a directive once it is nearing the end of its process is nigh-on impossible so vigilance and advance knowledge are crucial.

And, of course, Europe is opening up. Just this month, 10 new member states joined the Union, which has added a new vibrancy and interest to the familiar faces in the Strasbourg Parliament. Individuals within the accession countries now have freedom of movement throughout Europe, with the labour market responding to new availability of working people and professionals, including pharmacists.

Of course, as regulator and



professional body for the pharmacy profession, the Society takes a keen interest in all of this. We have been actively examining the current crop of EU Directives and their UK equivalent consultations.

A proposed directive on the mutual recognition of professional qualifications is a case in point. The Society has major concerns that it could affect its ability to regulate individuals practising pharmacy with qualifications and registrations from other member states. We have joined forces with other UK health professional regulators to make our concerns known and to lobby in the UK and Europe for changes to the draft.

The EU Directive on Services in the Internal Market provides another recent example of the need for the Society to examine and assess European legislation. The directive has been drawn up to provide a legal framework for the removal of barriers to the free movement of services – including health services – in the internal market. We are exploring a number of concerns about how this directive could impact on the Society's ability to ensure safe and effective pharmacy services.

This issue highlights the value of timely and strategic lobbying, particularly as the directive is likely to be adopted in late 2004. Even then, the legislation proposes that a genuine internal market for services will only be achieved by 2010. So, as you can see, in EU politics a missed opportunity can have profound ramifications in years to come.

Works quickly and lasts up to 12 hours.
No wonder it's the number 1 NPD launch.*



ESSENTIAL INFORMATION

AVILAST

Active Ingredients: Ranitidine Hydrochloride 84mg, equivalent to ranitidine base 75mg. Also contains Sunset Yellow E110 and Iron Oxide Yellow E172. **Indications:** Symptomatic relief of heartburn, indigestion and acid indigestion. Not indicated in the following patients without seeking a doctor's or pharmacist's advice: - Patients with renal and/or hepatic impairment - Patients suffering from any other illness or taking medication not self-prescribed or prescribed by a physician. - Patients with new or recently changed symptoms of indigestion, who are middle-aged or over. - Patients with symptoms of indigestion who have experienced intended weight loss. - Women who are breast feeding, since ranitidine is excreted in human breast milk. - Patients under regular medical supervision for other reasons. **Dosage Instructions:** Adults and children 12 years and over: One tablet taken whole, with a drink of water, as soon as symptoms occur. If symptoms persist for more than 1 hour or return, one more tablet may be administered. There is a maximum dosage of 6 tablets in a period of 24 hours. Patients should not take the tablets continuously for more than six days and should consult their pharmacist or doctor if symptoms get worse or persist after such treatment. Not recommended for children under 16 years of age. **Contraindications:** Contraindicated for patients known to be hypersensitive to any component of the preparation. **Precautions and Warnings:** Treatment with a histamine H₂-antagonist may mask symptoms associated with carcinoma of the stomach and may therefore delay diagnosis of the condition. The product contains the colouring agent E110 (Sunset Yellow). This can cause allergic-type reactions including asthma. Allergy is more common in those people who are allergic to aspirin. Ranitidine is excreted via the kidney and so plasma levels of the drug are increased in patients with renal impairment. The product is not suitable for these patients. Patients who are taking non-steroidal anti-inflammatory drugs, especially the elderly, should be referred to their doctor before taking this product, though clinical reports of acute intermittent porphyria associated with ranitidine administration have been rare and inconclusive, ranitidine should be avoided in patients with a history of this condition. Patients will be advised not to purchase a second pack of tablets without the advice of a pharmacist or doctor. **Side-Effects:** Transient and reversible changes in liver function tests can occur. There have been occasional reports of severe hepatitis, hepatic cirrhosis, hepatic haemangioma, mixed with or without jaundice. These are usually reversible. Acute pancreatitis has been reported rarely. Leucopenia and thrombocytopenia have occurred rarely in patients. These are usually reversible. Rare cases of agranulocytosis or of pancytopenia, sometimes with marrow hypoplasia or aplasia, have been reported. Hypersensitivity reactions (urticaria, angioneurotic oedema, urticaria, bronchospasm, hypotension, anaphylactic shock) have been seen rarely following the parenteral and oral administration of ranitidine. These reactions have occasionally occurred after a single dose. As with other receptor antagonists there have been rare reports of bradycardia and A-V block. Headache, sometimes severe, and dizziness, have been reported in a very small proportion of patients. Rare cases of reversible mental confusion, depression and hallucinations have been reported, predominantly in severely ill and elderly patients. Skin rash has been reported, including rare cases suggestive of mild erythema multiforme. Musculoskeletal symptoms such as arthralgia and myalgia have been reported rarely. Alopecia, reversible impotence, involuntary movement disorders and vasculitis have also been reported rarely as spontaneous adverse effects. No clinically significant interference with endocrine or gonadal function has been reported. There have been a few reports of breast symptoms (swelling and/or discomfort) in men taking ranitidine and some cases have resolved on continued ranitidine treatment, discontinuation of therapy may be necessary in order to establish the underlying cause. Antibiotic-associated diarrhoea may occur when amoxycillin and erythromycin are taken with ranitidine. **Retail Price:** Gavilast, 6 tablets = £2.15, 12 tablets = £3.99. **Marketing Authorisation:** PL 04569/0431. **Supply Classification:** Gavilast, GSI. **Holder of Marketing Authorisation:** Generics (UK) Limited, Station Close, Polers Bar, Herts, EN8 1TL, United Kingdom. **Date of Preparation:** April 2004. Gavilast and the sword and circle symbol are trade marks.

The burning issue

, director-general of the Cosmetic, Toiletry and Perfumery Association, says it is important for health professionals to help counter misleading media reports about the effectiveness of sunscreens

Skin cancer rates are increasing alarmingly. There are over 69,000 new cases reported each year in the UK alone and ultraviolet (UV) radiation from the sun is believed to be the major cause. The good news is that many skin cancers and other deleterious effects of UV radiation are preventable by protecting the skin from the sun's damaging rays, and sunscreens help to do this.

Yet each summer, consumers are given confusing signals. Continuing research to improve our knowledge of the effects of UV radiation and improve the efficacy of sunscreens is being misrepresented.

A sample of headlines in the last few months includes "Alert over sun lotion", "Sunshine creams not safe" and "Sunblocks increase skin cancer risk." These headlines (in *The Sun*, *Daily Mirror* and *The Herald*) were prompted by research carried out at the University of Sydney's Cancer Centre. This research found evidence about the harmful effects of UVA and the ways in which it can cause cancer. One of the authors, Professor Gary Haliwell, has explained to us that his research "provides evidence that UVA, as well as UVB, is important for causing skin cancer in humans". He also said that "sunscreens do provide protection from UVA and therefore should be encouraged."

My concern is that this one simple message is being lost because of alarmist headlines. The suggestion that there is a risk from the use of sunscreens causes confusion. The danger is that this will ultimately lead some people to stop using them altogether.

Sun protection products have an important role to play in the avoidance of over-exposure to the sun. The Department of Health, through its Sunsmart Campaign with Cancer Research UK, continues to support the use of sun protection products.

In this context, the manufacturers of sunscreens welcome thoughtful and considered debate to help people



Sun protection products have an important role to play

understand the risks of cancer and the role sunscreens play in reducing these risks and those of burning and ageing.

Although sunlight is important for the production of vitamin D in the skin, the harmful effects of excessive sun exposure are now well recognised. Most of the damage from the sun comes from UV rays. UVA and UVB are different wavelengths of UV light. Different wavelengths penetrate the skin to different depths: UVB penetrates into the outer layer of the skin and may damage the cells, causing the skin to become inflamed or sunburnt; UVA rays penetrate more deeply, causing direct damage to supporting tissues and leading to ageing effects. Various types of skin cancer are now thought to be caused by both of these different wavelengths.

The sun protection factor (SPF) of a sunscreen is a measure of its ability to filter out dangerous UVB rays. The SPF is determined in well-controlled

laboratory tests using human volunteers. The number is an indication of the degree of protection afforded – it does not indicate how much longer you can stay out in the sun.

At European level, our industry is trying to develop a harmonised measure of UVA protection to enable all manufacturers to determine the degree of UVA protection their products provide. It is also anticipated that a uniform method of labelling the UVA protection on sun care products will be introduced.

Most sun care products today provide both UVA and UVB protection already, and although none can provide total protection, sunscreens remain a crucial part of a comprehensive approach. Manufacturers and retailers must work together to ensure consumers fully understand the reasons for avoiding over-exposure to the sun.

There is a wider concern that this is part of a growing trend of alarmist stories in the media over the science behind consumer goods. From aspirin to salmon and deodorants to sunscreens, conflicting information leads to doubt and confusion over the safety of everyday products.

In the case of sun protection, misunderstanding can potentially lead to greater risks if people stop or reduce their use of sunscreens. Collective responsibility must be taken to set and maintain high standards in the communication of science to the public.

Product Information. Presentation: Each Zanprol 10mg Tablet contains 10 mg of omeprazole. **Uses:** Relief of reflux-like symptoms (eg heartburn). **Dosage:** Adults over 18 years only – 20 mg once daily before a meal. May be reduced to 10 mg daily, returning to 20 mg if symptoms return. Use lowest effective dose. **Contraindications:** Hypersensitivity, pregnancy/lactation.

Precautions: Refer to doctor if no relief within 2 weeks, continuous use for 4 or more weeks to control symptoms, aged over 45 with new or recently changed symptoms, unintentional weight loss, anaemia, gastrointestinal bleeding, difficult or painful swallowing, persistent vomiting or vomiting with blood, epigastric mass, previous gastric ulcer or surgery, jaundice, any other significant medical condition (including hepatic or renal impairment), or pre-endoscopy. **Interactions:** Diazepam, phenytoin, warfarin, ketoconazole, itraconazole, cilostazol, voriconazole, digoxin, tacrolimus, ¹³C-urea breath test.

Side effects: Skin rash, urticaria, pruritus, photosensitivity, bullous eruption, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, alopecia and increased sweating. Arthritic and myalgic symptoms, bronchospasm, diarrhoea, constipation, abdominal pain, nausea/vomiting, flatulence, dry mouth, stomatitis and candidiasis. Increases in liver enzyme levels, encephalopathy in patients with pre-existing severe liver disease, hepatitis with or without jaundice and hepatic failure. Interstitial nephritis resulting in acute renal failure, gynaecomastia, impotence, headache, paraesthesia. Taste disturbances, mental confusion, agitation, depression, aggression blurred vision, blood disorders, hyponatraemia, vertigo, anaphylactic shock and angioedema, dizziness, light-headedness, feeling faint, somnolence, insomnia, peripheral oedema, malaise and fever. **Legal Status:** P. **Retail Selling Price:** 14 Tablets £9.49. **Product Licence Number:** PL 14017/0069. **Licence Holder:** Dexcel-Pharma Ltd, 1 Cotesbrooke Park, Heartlands Business Park, Daventry, Northamptonshire, NN11 5YL. **Date of Preparation:** November 2003. ZANPROL is a trade mark of the GlaxoSmithKline group of companies.

Reference:

- Bardhan KD, Muller-Lissner S, Brigand MA et al. Br Med J 1999; **318**: 502-507.

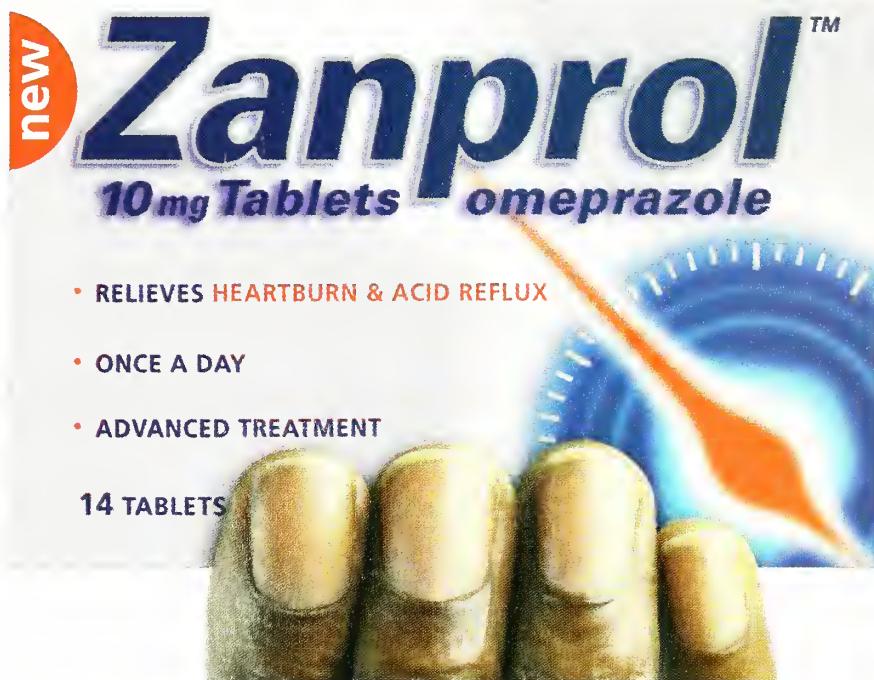


GlaxoSmithKline
Consumer Healthcare

At long last

Now you can give recurrent heartburn sufferers a real break with a simple short course of Zanprol.

Taken once daily, Zanprol can provide relief from heartburn and, after treatment, can give weeks of remission from recurrent attacks.¹



A real break from recurrent heartburn

Comment

from the Editor

Last week's question was: The proliferation of new schools of pharmacy will increase competition for pre-registration placements. But whose responsibility is it to ensure that enough places are available?

"The Society should take a lead as the shortage of pharmacists needs addressing"

**Randall McKay,
Southampton**

"It should be a joint responsibility between the Society and the person training them"

Annette Mackie, Alloa

"It's the Government's responsibility. If it is encouraging more schools there will be more graduates needing placements. How do they guarantee these people places?"

Anon, London

The Department of Health is putting the home oxygen therapy service contract out to tender this week. Oh dear. It seems that a decision has been made entirely on a business case, ignoring many of the patient care issues that the existing contractors deal with on a daily basis.

While it may be expedient for the NHS to try to rationalise oxygen supply on a regional basis in England, but at a time when the Government is encouraging patient choice, it is patients who are going to suffer. While the new regional contracts may allow a degree of sub-contracting, they will offer no stability to the quality of the oxygen service.

Those currently providing oxygen deliver a valuable service. They know their patients and know that many are not just on oxygen; they often have a high usage of nebulisers as well as other medicines related to their condition. Pharmacists are able to monitor oxygen usage and intervene and advise when it seems a condition is being exacerbated.

But what will happen, say, when a cylinder runs out late on a Sunday, or a fault develops in the giving set, or the patient needs some advice about their medicines? Will an impersonal regional contractor really care?

Not only could oxygen patients lose out, but by removing another element of pharmacy income, pharmacy contractors are being penalised. With no firm start to the new contract, with the significant reduction in generics reimbursement (last December's £200 million and another ominous statement pending), and other clawbacks, the short term viability of many pharmacies is put into question. And that is not good for the public, the profession, or the Government.

At a time when the Government is encouraging patient choice, it is patients who will suffer

Your views

Putting the case for nicotine

I am most grateful to *Xrayser* for his kind and generous comments (*C&D*, May 22, p15). My plea for pharmacists and others to be more innovative with NRT (*C&D*, May 15, p8) is not new and has been discussed widely by others in the tobacco addiction field.

My presentation at the Primary Care Conference (PCC) answered *Xrayser's* question concerning novel NRT formulations; however I would advise against NRT suppositories as mucosal irritation is a distinct possibility.

Licensed NRT products are designed to produce nicotine blood levels that only protect against nicotine withdrawal symptoms. They do not mimic nicotine blood levels produced from smoking tobacco. Smoking tobacco produces very high nicotine concentrations in the

brain which is key to its addictive potential. It may be possible to reproduce this blood profile using perhaps a metered dose inhaler formulation of nicotine. Of course, such a formulation would be strongly addictive and then the ethical question of whether such a product would be considered appropriate come up.

My point at the PCC was that we are fighting nicotine addiction more than we are fighting tobacco's damage to public health. Nicotine on its own is only as dangerous as caffeine. If nicotine MDIs were to replace cigarettes as the preferred delivery choice for nicotine addicts then the public health gain would be considerable.

**Terry Maguire,
vice-chairman,
PharmacyHealthLink.**

Devilish problem

As much as every community pharmacist would agree with Terry Hannawin's personal stance on membership of the NPA by "doctor controlled pharmacies" unfortunately in the real world, any body corporate owning a community pharmacy is eligible, no matter the make up of its directors.

In the early 1980s, the NPA Board had similar problems about whether to admit into membership supermarket-owned pharmacies. The Board took the pragmatic view that better to know the devil. If they had denied membership then, the present NPA membership numbers would be half of the total. Further still, community pharmacy would not have had the presence it now has.

David Thomas, Shropshire.

Please e-mail your views to: chemdrng@cmpinforamtion.com

In the wrong league

Over 74,000 people met in the Cardiff Millennium Bowl to watch Wigan get beaten by their close neighbour, St Helens.

If the consumption of alcohol was anything to go by, the Rugby League Cup final guaranteed a brisk trade the following morning, if only for the local pharmacies. Watching Wigan's painful demise, my eldest son John joked: "If that had been Rugby Union, we would have won."

Life is like that. I clearly remember on BBC television news an architect standing before a collapsed block of high rise London flats destroyed by a gas explosion explaining how this was quite impossible because of modern building techniques. "This can't actually happen," he told the TV audience "We make sure it can't."

This was only marginally better than a British Rail spokesman's denial that train drivers were using their locomotive horns to play tunes as the Leeds-London express passed him to the sound of

When the Government says the NHS is safe in their hands, I reach for the match programme

'On Ilkley Moor Ba' Tat'.

So when the Government says the NHS is safe in their hands I reach for the match programme. Foundation hospitals, failing PFI's and male life expectancies in some Glasgow housing estates lower than before World War II do not make this old lefty feel very confident of victory over ill health.

A multi-million pound shortfall in funding for training future GPs, yet plenty of money for bringing cheap labour accession doctors up to speed somehow denies the obvious. Inequalities are still destroying families. Wigan and St Helens rugby league flags are deepest red and in Wigan's case, stained by their martyrs' dread.

Dr Ian Banks is a GP practising in Northern Ireland

TOPICAL REFLECTIONS

SOS – we're waiting for delivery

Congratulations to the seven SOS campaigners elected to the Society's Council. And good luck to them, because they have set themselves a rather tall order. The SOS group has been elected on a particular point of policy, displacing some experienced Council members along the way, and if they don't deliver the goods they could end up with egg on their faces.

Council members are often elected on the basis of their complaints about the existing system and on general claims to shake up the profession and improve things for everyone. Once elected, the amnesia often sets in. There is no opposition party to remind members of broken manifesto promises and pharmacists soon forget how much better the new Council promised to be.

Topical misunderstanding over Algesal

I was surprised and disappointed when I heard that Algesal was being discontinued a few months ago. It was a worthwhile product that was unbelievably cheap and our PCT recommended it to local GPs. Surely if the product wasn't making enough profit then the price could easily be increased a little, I thought.

Local GPs now prescribe alternative products. I have continued to recommend Algesal as there is

A number of people will want to see a result from their financial investment in the group. And this has become personal – the 16 Council members who were challenged in the High Court (particularly the five who weren't re-elected) will wonder what was the point if the SOS don't pursue their objective to its conclusion.

When the celebrating and back-patting is over, the newly elected members must feel the weight of expectation from all those pharmacists who trusted them to make a difference. It will not be easy without a clear majority on Council and with a selection of civil servants against them. But I hope they remember their promises. Oh, and I also hope they don't forget to devote some of their time to all the other pressing issues facing the profession.

stock remaining at the wholesalers, but warned patients that it wouldn't be available for much longer. Now I discover that Zeroderma has bought Algesal from Solvay. Zeroderma has added a valuable line to its portfolio but it would have bought a much more valuable business if everyone hadn't thought it was being discontinued. Was this a case of corporate sabotage, simple misunderstanding, or poor public relations?

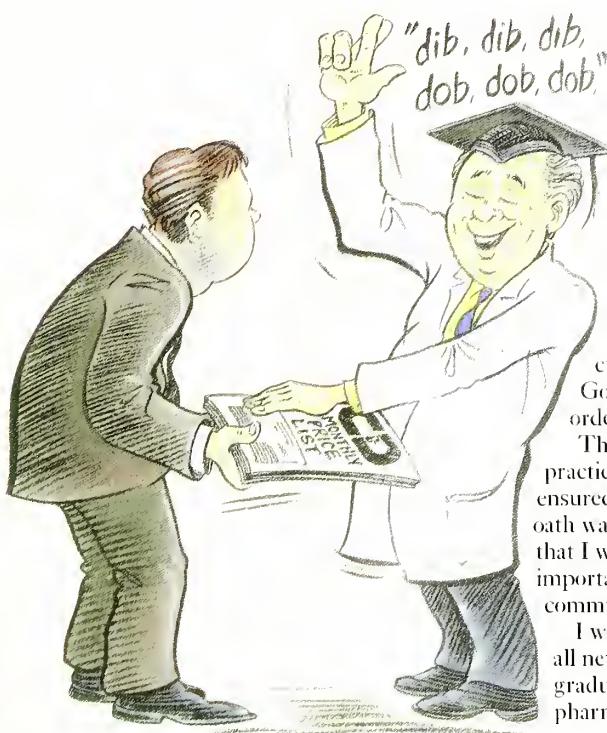
I solemnly promise...

The Society's plan to consult on whether we should all take a professional oath fits nicely into the bigger picture of bringing us into line with doctors' practice. I'm sure that the form and content of this oath will provoke much discussion and I look forward to hearing people's opinion about what is important to pharmacists today.

The only oath I remember taking was a solemn vow I learnt by heart on joining the cub scouts. I think it mentioned the Queen, God and Akela, but not necessarily in that order.

The Queen and God seemed irrelevant to my practice as a cub but were powerful figures that ensured my vows were never broken. Taking the oath was a solemn occasion and made me believe that I was committing to a way of life with important values that gave me standing in the community.

I would like to see a registration ceremony for all newly qualified pharmacists, similar to graduation but including taking the pharmaceutical oath.



Judgement week

In the High Court last week, a judge dismissed the SOS group's legal challenge to the Society's new Charter. Gary Paragpuri looks at the history behind the decision and sifts through the fallout

Two significant events unfolded last week in the saga holding centre stage in the world of pharmacy politics.

First, RPSGB secretary and registrar Ann Lewis informed seven members of the Save Our Society faction on Tuesday that they had been elected to the Society's Council.

Three days later, High Court judge Mr Justice Park dismissed an SOS legal challenge to stop the RPSGB's petition for a new Charter.

What are the ramifications of these two events and, more importantly, do pharmacists really care any more? Some pharmacists say the RPSGB plays no major role in their working lives, other than as a disciplinarian. For others, the Society is a venerable institution that represents their interests and which ensures a relatively small profession punches above its weight. Whichever camp you belong in, last week's dramatic happenings will affect us all.

Let's start with the SOS: who are they and what's their beef with the Society? Essentially they are pharmacists who believe the Society is moving away from representing its members' interests – as stated under its existing Charter – and becoming primarily a regulator.

They argue that the new Charter puts the public interest before the interest of the Society's own members, in effect neutering its representative role.

Additionally they believe the Society's assets, which have been built up by pharmacists and whose worth they place at about £100 million, could be handed over to government agencies who do not have pharmacists' best interests at heart.

In response, the RPSGB says that, like all regulatory bodies, it is under pressure to modernise. The Shipman, Bristol Infirmary and Alder Hey inquiries have all served to put self-regulation

under the political microscope. Self-regulating bodies must ensure their decisions do not contain even a whiff of self-preservation.

Unless the profession puts the public interest before its own, the Society says it will be forced to do so by government legislation. The RPSGB believes it is better to put forward its own Charter incorporating the public interest.

It also makes the point that its new Charter allows it to do everything it could do under the old (in fact the Society has much more freedom under the new Charter to pursue its aims).

Nevertheless, some pharmacists – including past Society presidents – remain deeply critical of the

At last week's courtroom drama, Society counsel Robert Englehart called on the judge to dismiss the SOS claim. He argued the Society had undertaken an extensive consultation process canvassing the views of all members, and that Council had full authority to petition for a new Charter. Referring to the SGM, he said the motions were not binding on Council, and argued that because only 330 members were present, it could not be considered truly representative.

It should be noted however that it doesn't matter if only one pharmacist and his dog turn up at



role. He rejected as unworkable the SOS claim that the resolution to petition the Privy Council needed the membership's assent.

The judge ordered the four SOS campaigners – Mark Kozol, Hassan Argomandkhah, Graham Phillips and Michael Williams – to pay £30,000 in interim costs, and cleared the way for a Privy Council decision on the Charter.

Although the SOS can appeal, the legal route now looks to be closed. But with their seven new Council members, in addition to the three elected last year, the SOS may find it has another avenue to challenge the RPSGB. In fact, it has already sent a letter to the Privy Council signed by 13 Council members and members-elect advising that the Council will seek to recall the Charter petition at its meeting in June.

The fight continues but to what end? Is there really a future for the RPSGB as both regulator and representative body? The advent of the Government's super-regulator, the Council for the Regulation of Healthcare Professionals, has placed a huge question mark over all regulators. CRHP can insist (and has) on reviewing all of a regulator's decisions – even where the health professional is deemed innocent. The RPSGB's decision is no longer final, as the GMC has recently discovered.

Should the RPSGB give up its regulatory role? Does it do enough for grass roots pharmacists to sustain a representative function?

There are no easy answers but it is safe to say that there will be plenty more twists in the Lambeth drama.

[The judge] rejected as unworkable the SOS claim that the resolution to petition the Privy Council needed the membership's assent

Society's actions. Last year's heated SGM – at which an overwhelming majority expressed dissatisfaction with the RPSGB's modernisation plans – should have warned Council that it needed to address members' concerns before proceeding with its Charter application.

Despite last minute changes, the SOS lobby felt the amendments only paid lip service to their concerns. The upshot was that four SOS members applied for a High Court injunction barring the RPSGB from pursuing its petition to the Privy Council on the grounds that the 16 Council members who voted for the Charter acted outside their authority.

the SGM – under the current Charter, an SGM is a valid forum for members to make their views known to the Council – there is no requirement for a certain number of members to be present.

SOS counsel Christopher McCall said Council acted outside its remit in petitioning for a new Charter. Council's role is to implement the current Charter and not seek to replace it, he said, adding that the new Charter posed a real conflict with the existing Charter and its key aim of protecting members' interests.

In his ruling, Mr Justice Park said Council was lawfully entitled to pursue a new Charter and had acted to stave off the possible weakening of its self-regulatory

care



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The Nucare concept – competitors working together for mutual benefit – celebrated its 10th anniversary at its annual convention last weekend in Stratford. Managing director Mahesh Shah reported the organisation in good shape with a strong balance sheet and a steady income stream. Nucare has evolved from a sales and marketing operation to having a physical operational presence. Its wholesale business deals in generics and PIs, and it now runs 14 pharmacies. But Nucare pharmacists now need to ask themselves what business they are really in before they can move forward...

Time for a new business model...

The valuation of a pharmacy business in the future will depend on the number of patients with chronic diseases it has on its books, rather than its turnover and prescription volume.

Pharmacy owners need to ask whether they are retailers or providers of professional health services. Until they can answer this question properly, their ability to adapt and develop in a period of turbulent change will be restricted, warned Nucare managing director Mahesh Shah.

Nucare believes the model for pharmacy in the future has to be different. The new contract, with

an expanded role in professional services, is a key driver.

"Changing your business model makes commercial sense because it will have a huge impact on the value of your business," he said.

"Traditionally, pharmacy valuations have been based on turnover and prescription volume. In future, value will be attributed to other criteria such as the size and quality of your client base.

"How many diabetics are registered with you? For how many patients do you provide services related to CHD or asthma? There is going to be a huge 'land grab' for patients with chronic diseases because money is going to follow this group of patients," predicted Mr Shah.

Pharmacies also have to deliver services that PCTs want, and the value of a business will depend on its contracts with PCTs, and even on direct links with manufacturers.

Nucare intends to focus on the delivery of professional services and will put significant resources into expanding this area, said Mr Shah. "We see this as a significant role for Nucare in the future."

Lessons learned...

Whatever pharmacists might wish to do in the future, government is going to have a huge influence.

"We need to find ways of tackling the Government, because without that influence we are not going to change the rules of

engagement," said Mr Shah.

He also warned wholesalers and manufacturers that they were not immune from changes to community pharmacy. There is, he said, an urgent need for a united industry forum to look at the impact of any proposals the Government brings forward.

The future will see continuing evolution of health services. It will be a time for experimentation and expansion. The elderly population is increasing and the way services have traditionally been delivered needs to change.

The Government's focus is on trying to reduce costs. There is no focus on the demand side of the

equation, said Mr Shah. The Government also wants to widen the healthcare provider base. It is experimenting with alternative models like Evercare for chronic disease management, and walk-in centres to improve access.

Places for pharmacists exist in both these types of organisations, and there are lots of signals to a wider role for pharmacists in the future, predicted Mr Shah.

For individual pharmacists there might be issues of confidence and training, but not knowledge. "GPs and nurses are largely ignorant of pharmacists' training. We have not sold our credentials properly to decision makers," he said.

"We need to find ways of tackling the Government"

Mahesh Shah



Pharmacists at the Nucare Convention were shown a draft questionnaire that customers for OTC statins may be asked to fill in prior to their first purchase. J&J.MSD commercial director David Mitchell said the form was tested in 11 pharmacies and took around six minutes to complete. 'User cards' will be given to those already assessed and making a repeat purchase. J&J.MSD plans to launch a Heart-Pro cholesterol testing kit with a price of £24.99. Users take a blood sample at home and send it for analysis. The results go straight to customers, but can be copied to a GP if requested

Nucare Plus coming soon...

Nucare has announced the launch of Nucare Plus. The programme will only be available to branded members who are prepared to make a greater commitment to Nucare services and promotional offerings.

Managing director Mahesh Shah said the programme was the "beginning of a much stronger virtual chain", and that Nucare intended to "wrap a large number of products and services around our committed membership".

Details of how the programme will be constructed were not available as *C&D* went to press.

Tough contract negotiations ahead

PSNC had no hesitation about refusing a "completely unacceptable" offer of funding for the new contract in England and Wales from the DoH.

Steve Williams, who leads PSNC's contract negotiating team, told the Convention their initial view was that the Government wanted to walk away from negotiations. Health minister Rosie Winterton made it clear last week that the DoH does not want to break off talks, but PSNC is in for a period of hard negotiation.

All bets on an October start for the new contract are now off. "It is more important to get it right rather than to get it quick," Mr Williams said. "PSNC is not going to agree to any contract that does not cover costs and provide a fair return."

Questions from the floor

● An imposition was always possible, Mr Williams acknowledged in response to a question from Birmingham pharmacist Dilip Shah, but he did not think that was the Department's intention.

● The pharmacist rather than the pharmacy will be accredited to provide advanced services, Mr Williams confirmed. "Pharmacists will have to be registered with the

NHS to provide services. It could have a substantial impact on the locum market," he said.

● Other pharmacists asked what would happen to devolved payments such as oxygen supply.

The oxygen service is soon to be put out to tender on a regional basis, Mr Williams revealed (see p46). All services under the new contract will be individually costed. Services to residential homes will be supplementary enhanced services. It will be up to PCTs and local contractors to make their own arrangements using the national template agreed between PSNC and the DoH.

● Niles Shah (Princes Risborough) pointed out that medicines management required continuity of care. Had PSNC considered patient registration with a pharmacy?

The DoH did not want to pursue this, said Mr Williams. GP registration causes enough problems. A straw poll of the audience indicated strong support for patient registration.

● Nucare is planning a series of roadshows for members once details of the funding of the new contract has been made public, announced managing director Mahesh Shah.

Independent footprint

The number of pharmacies in independent hands continues to decline, but they still make up nearly 50 per cent of the UK pharmacy universe. It is an important point, said Mr Shah.

"When the Government requires distribution, it needs distribution points, and half of these are still independently owned. That physical presence will be required in the future, even if the service delivered from it is quite different."

Profile of pharmacy ownership in the UK

Number of outlets	Number of companies
Single	3,675
2-10	900
11-50	40
51-100	4
101-250	6
251-500	2
501-1,000	1
Over 1,000	2



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Lindsay McCollie, PSNC's head of information services, describes the progress being made on IT and the new pharmacy contract

IT is no longer separate from the delivery of healthcare; it is an integral part of all aspects of service provision and will play a fundamental part in helping pharmacy to deliver the services proposed in the framework for the new community pharmacy contract.

For pharmacists to communicate effectively with other members of the healthcare team, they need broadband connectivity and NHS e-mail addresses. To get involved in supplementary prescribing and undertake new services such as medication reviews in the pharmacy, they will need access to patient's electronic records. And to improve the efficiency of the dispensing process to free up time to enable pharmacists to deliver new services, they will need to



Plug in to stay on top

integrate ETP functionality into their pharmacy systems.

One of PSNC's key priorities over the past year has been working to ensure that community pharmacy is an integral part of the Government's IT agenda. Designed to connect the capabilities of modern IT to the delivery of *The NHS Plan*, the 'National Programme for NHS IT (NPfIT)' is one of the most ambitious projects of its kind in the world.

With a budget of over £2.3 billion, ministerial support and an aggressive management team, the programme has moved forward at a relentless pace. In recent months there has been a noticeable change in emphasis from agreeing the strategy and establishing the management team through the

procurement process to implementation.

The programme itself is extensive but has four key deliverables: the electronic transfer of prescriptions, a national booking programme, electronic patient records and the supporting infrastructure, N3.

The projects being co-ordinated by NPfIT are being implemented in England only. In Wales, the Welsh Assembly has launched its own national IT programme, 'Informing Healthcare' which includes plans for a single electronic record in Wales (<http://www.wales.nhs.uk/ihc>).

In Scotland, the Scottish Executive has recently updated its 'e-health' strategy with work ongoing to implement ETP,

connect pharmacies to NHSnet and develop national IT systems that will support the new contract in Scotland (<http://www.show.scot.nhs.uk/ehealth/>).

ETP

In the document, *Delivering 21st Century IT in the NHS* the Government outlined its timetable for ETP:

"The National Prescriptions Service will be 50 per cent implemented by 2005 and fully implemented by 2006-07."

The National Programme is still working to this schedule and is aiming to start rolling out ETP nationally from January 2005.

Although the ETP model hasn't yet been published (or fully agreed), information from documents now in the public

domain have provided an outline picture. It is likely that the model will be made up of a relay (linked to the electronic patient records) where pharmacies can 'pull down' electronic prescription messages. There will also be a provision for patients to 'nominate' a pharmacy which will allow pharmacies to pull down messages in advance of the patient reaching the pharmacy.

The NPfIT ETP key work areas include:

Assessing current systems and hardware in pharmacies

The National Programme is considering compiling a database of the current systems and hardware within pharmacies so that the roll out of ETP across the

country can be tracked. A decision is awaited on how this will be managed.

Registering pharmacists on to the system

Everyone accessing the NHS Care Records Service will need to identify (authenticate) themselves. It is possible that this will be done using a smart card (swipe card). Work is ongoing to determine how pharmacy staff that need access to the records will be registered on to the system.

Implementation. The time required by pharmacies to implement ETP will depend on the time it takes to upgrade pharmacy systems (eg time for system suppliers to make changes to their systems and time to install connectivity) and the time taken to train pharmacists on new functionality/processes. There are a number of potential threats for contractors during the initial roll out of ETP, for example, if only a few pharmacies in a locality are ETP-enabled and the GP were to stop issuing paper prescriptions, the non-ETP enabled pharmacies would be at a commercial disadvantage. PSNC is working with the National Programme and the Department of Health on a number of implementation issues and is committed to ensuring that there is a level playing field during rollout for all contractors.

Processing prescriptions electronically

The PPA will be able to process ETP messages from January 2005.

NHS Care Records Service

Electronic records are to be delivered as part of the NHS Care Records Service, with a first generation electronic record system to be in place by 2005 and a full electronic records service implemented nationally by 2008.

In early December 2003, BT was awarded the National

Application Service Provider Contract to deliver the NHSCRS. ETP is included as 'Phase one' of the NHSCRS.

In the *Vision for Pharmacy* document, it was announced that the DoH would be consulting on what information pharmacy will require in the future to deliver new services. The DoH is planning to consult shortly on this with the probable focus being the "application of role-based access within pharmacy".

Everyone accessing the records (not just pharmacists) will be subject to role-based access control. This access control will be determined for an individual user and the job that they are doing at that point. It will include what information can be accessed,

trends which may then be investigated further by someone with access to the actual data.

The National Clinical Advisory Board (the group which has been set up by the National Programme to allow the professions to input into the NPfIT) is currently discussing a number of key policy issues around the NHS Care Records including what information should be held on the central records. The RPSGB is representing the pharmacy profession on this board.

The National Booking Programme

The aim of the National Booking Programme is to let patients choose and pre-book the date of their appointment or hospital

long term for pharmacists to be able to book appointments for patients as part of a referral process or to use the system to book appointments with a community pharmacist for certain supplementary enhanced services.

Building the NHS IT infrastructure (N3)

In early 2004, BT was awarded the contract to deliver the new NHS national network, N3.

N3 follows on from NHSnet but is very different in that it will not be a 'closed' network. There will be a number of ways to connect to the N3 network:

- direct connection
- connection via a corporate network (eg large pharmacy chains could connect via their own network) or a managed network service such as NPAnet
- connection via any internet service provider (virtual private network connection to N3 once online)
- N3 (BT) will be able to assess a pharmacy's requirements and recommend a certain quality/speed of connection (it is likely that this will be directly related to prescription volume).

Pharmacies will have to purchase the connection from N3 (or an alternative provider). Funding for this is being considered as part of the negotiations for the new community pharmacy contract.

Although orders are now being taken by BT for N3 connections, PSNC is advising contractors to wait until more information is available on the arrangements for funding IT through the new contract.

Dictionary of Medicines + Devices (DM&D)

Previously known as the UK Clinical Products Reference Source (UKCPRS), the NHS Dictionary

how a user can access it (system functions) and the user's role. A single user will be able to have multiple role profiles (eg if doing two different jobs with different access requirements, such as a pharmacist who works as a supplementary prescriber for part of the week and at other times works to provide a standard dispensing service).

To access the records, there will need to be a 'legitimate relationship', or a link between a user (eg pharmacist), workgroup (eg pharmacy) and patient. There will be multi-layered audit facilities built into the system so that data can be mined in a pseudo-anonymised form. It will be possible to identify unusual

admission. The current scope of the project is to provide only an Electronic Booking Service that enables the booking and referral of patients from primary care to secondary care. But, the long-term intention is to consider how to use booking technology to support the booking of all primary care appointments and the booking of appointment slots from any point to any point within the health service.

Atos Origin (formerly Schlumberger Sema) was appointed as the National Application Service Provider Contract for this project in October 2003 and electronic booking is now being rolled out.

There may be potential in the

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of Medicines and Devices (DM&D) is one of the building blocks that will support the implementation of ETP and the NHS Care Records Service. The dictionary will become the NHS standard for medicines and device identification and has been developed for use across the NHS (eg it will be integrated into pharmacy, GP and hospital computer systems). Until now there has been no common, standardised vocabulary for clinical products, with GP and pharmacy computer systems drawing on different drug databases. Having one universal dictionary will enable interoperability between these diverse clinical systems.

The dictionary was originally to be delivered in three parts:

- *The Primary Care Drug Dictionary (PCDD)*
- *The Secondary Care Dictionary*
- *The Dictionary of Medical Devices.*

The PCDD has now been merged with the secondary care dictionary to form one 'harmonised dictionary'. The medical devices section of the dictionary is not expected to be finished until late 2004.

NHS e-mail addresses for pharmacy

Consideration is being given to pharmacies being given NHS e-mail addresses.

The NHS mail service is the largest corporate e-mail system in the world with the *NHSMail*

IM&T Abbreviations Guide

DM&D	Drugs, Medicines & Devices Dictionary (was UKCPRS)
ETP	Electronic Transmission of Prescriptions
ICRS	Integrated Care Records Service (now NHSCRS)
LSPs	Local Service Providers
NASPs	National Application Service Providers
N3	The New NHS Network (follow on from NHSnet in England)
NeLH	National electronic Library for Health
NHSCRS	NHS Care Records Service (was ICRS)
NHSIA	NHS Information Authority
NHSnet	Secure intranet connecting the NHS
NISP	National Infrastructure Provider (ie provider of N3)
NPfIT	National Programme for IT in the NHS
NPRAS	National Patient Records Analysis Service
NSTS	National Strategic Tracing Service
PCDD	Primary Care Drug Dictionary (Part of DM&D)
UKCPRS	Standard Clinical Products Reference Source (Now DM&D)

Directory containing more than 700,000 entries (and growing). In early March, NPfIT terminated the contract of the current provider of NHS Email (EDS). NPfIT is currently in talks with EDS to ensure continuity of service for current NHS Mail users – the future is unclear at present.

Functionality to support the new contract

It is likely that in the future pharmacies will be required to use pharmacy systems that have been accredited by the NHS.

The 'compliance documents' used to accredit systems will hopefully be released by the

National Programme in draft format to system suppliers within the next few weeks. They will include technical information on how pharmacy systems can connect to the central NHS systems such as the electronic patient records as well as requirements to ensure that pharmacy systems include the basic functionality needed to deliver the services proposed under the new pharmacy contract.

When system suppliers receive the documents they will be asked for feedback and to provide their estimated timescales to make the required changes.

Engaging with stakeholders

Lack of consultation has been a major problem in all areas of the National Programme. To improve on the situation, the National Programme recently advertised for a new ETP stakeholder engagement manager and has confirmed it is designing a communication strategy for pharmacy.

Within the profession, PSNC has been working closely with the other community pharmacy bodies (NPA, CCA, AIMp, CPTP) on IT issues to prevent duplication of effort and to maximise the use of resources.

Over the coming months, it will be vital for community pharmacy bodies to work collaboratively with the system suppliers to ensure the smooth implementation of ETP and other new functionality. System suppliers will work directly with the National Programme on providing pharmacy's interface to National NHS applications such as the NHS Care Records Service.

During the initial implementation of the contract, transitional measures will be put in place to allow pharmacists to undertake new services without the supporting functionality being available in pharmacy systems.

For example, repeat dispensing is likely to use the same paper based system as the repeat dispensing pathfinder sites until a

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more efficient electronic system is available and it is likely that there will be a paper based system put in place to allow contractors to claim payment for supplementary enhanced services until this can be done electronically. Long term, PSNC believes that IT will play a fundamental part in helping pharmacy to achieve the aims of the new contract.

IT in practice

Pharmacies are being treated differently to GPs in terms of IT funding. Under the GP contract, GP practices will get their IT needs 100 per cent funded by primary care organisations. As a result of this, the ownership of GP computer systems is being transferred to PCTs and GPs are being restricted in their choice of new systems.

IT has underpinned many of PSNC's discussions with the DoH on the new contract. Under the main tripartite contract negotiating team, a new contract IT subgroup was set up in November last year to examine in detail the IT requirements necessary for the contract and to identify costs so that this can be fed into the negotiations.

The costs being considered include connectivity, hardware, software, training, technical support, maintenance and changes in workload (eg while transitional

arrangements are in place).

PSNC is very conscious that it is not yet possible to accurately cost all of pharmacies' future IT requirements. The National Programme has not provided system suppliers with the technical information they need to estimate development times and costs and a number of policy decisions have still to be made that will affect future hardware and software requirements. Until this information is available, PSNC will not approve any figures for this element of the contract funding.

IT in practice: ETP

What is ETP?

ETP and electronic care records are no longer pipe dreams and will very soon become a reality. It is essential that pharmacists take time to learn about the new developments as they have the potential to revolutionise the way that pharmacy is practiced in the community.

There is a section of the PSNC website dedicated to IT (<http://www.psnc.org.uk/IT>) which provides background information on all of the NHS IT projects which are likely to support and impact on the new community pharmacy contract.

To comment on any of the issues raised in this article, please e-mail IT@psnc.org.uk

Timescale

NHS migrates from NHSnet to new national network (N3)

First electronic booking transaction, summer 2004

First phase of NHS CRS to support electronic booking, summer 2004

2005

First phase of electronic transfer of prescriptions (ETP) to be implemented by the end of 2005

Roll out of electronic booking to be complete

2006-2008

Second phase of NHSCRS introduced, giving access to more detailed patient records

Phase three of NHS CRS implemented incorporating decision support functionality

ETP to be fully implemented

Final phase of NHSCRS incorporating features to complete full integration between health and social care systems across England

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Phone No: 0141 332 0787

- **Prescription Processing**
- **Information**

The importance of treating pain

Pain is, by definition, an unpleasant experience and has a number of consequences. Pain interrupts what we are doing and reduces our ability to concentrate. Pain that persists makes us low in mood and irritable with others.

Everyone has experience of short-lived pain e.g. a needle prick or touching something hot. This sort of pain serves as a useful warning of further tissue damage allowing us to act to avoid further injury. These pains are self-limiting, don't have a lasting impact on our lives and don't need treatment. At the other end of the spectrum, people who have persisting pain become distressed, anxious and depressed and are often unable to work and maintain relationships. These pains serve no useful warning function. In between are pains that last for a few days; these may also cause impaired mobility and low mood.

It's important to treat these pains in order to minimise these adverse effects. Analgesic medications do not mask dangerous symptoms. If taken appropriately, painkillers reduce the unpleasant sensation of pain and minimise the impact on a person's function. For example, use of non-steroidal anti-inflammatory drugs such as ibuprofen reduces the formation of prostaglandins, key chemicals involved in pain signalling and inflammation. By modifying pain messages they are a useful tool to help patients with simple low back pain to keep active and stay at work – in this way the chances of pain persisting are reduced. Also, unrelieved pain can sensitise the nervous system leading to a state where pain processing is facilitated and symptoms continue even if the original injury has resolved.

Painkillers are an important tool to support patients in self-management strategies for recovery and to lessen the risk of long term pain.

Dr Cathy Stannard, Consultant in Pain Medicine, Macmillan Centre, Frenchay Hospital is a member of the **Pain Initiative**.

The **Pain Initiative** is supported by an educational grant from **Nurofen™**.

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PHARMACEUTICAL COMMITTEE

Sale of Posalfilin for facial use leads to reprimand

A pharmacist who sold a customer an ointment for treating warts which left the customer's nose ulcerated and inflamed has been reprimanded.

Obiaju Ejiofor of West Norwood, South London, had been the proprietor of the Specky-Tin in Stockwell in April 2002. A woman had asked for Naseptin cream to treat a condition on her face but had been given Posalfilin instead.

"Posalfilin is not suitable for

application to the face," Geoffrey Hudson for the Royal Pharmaceutical Society told its Statutory Committee on May 17.

The patient had started using the ointment on the same day and continued it for the next five days, as a result of which her nose became "burned, inflamed and swollen". Mrs Ejiofor had advised the use of water and cotton wool to clean the nose but when the patient went to her GP and told

him about the problem, the doctor said her condition was the result of using the wrong ointment.

Mrs Ejiofor explained to the Committee that she had since sold her business and was working for a number of pharmacists as a locum.

Concluding the case with a reprimand, Committee chairman Lord Fraser of Carmyllie QC said she could have been struck off if she had continued to own a pharmacy.

PHARMACEUTICAL COMMITTEE

Old stock leads to striking off order

A Birmingham pharmacist whose two pharmacies were found littered with out-of-date or unlabelled medicines has been ordered to be struck off.

The pharmacist's daughter, who had been the manager of one of the shops, and a third pharmacist in charge of the second, were reprimanded by the Statutory Committee of the Royal Pharmaceutical Society of Great Britain last week but allowed to continue working.

The disciplinary action against Kushdil Fakir of Balsall Heath, Birmingham, was adjourned after a four-day hearing in January this year when he denied a series of allegations of misconduct.

The Committee was told that Mr Fakir ran two pharmacies at 2A Cannon Hill Road and at 348A

Bearwood Road, Smethwick. His daughter, Sabrina Fakir was in charge of the Bearwood Road dispensary and Emmanuel Gambrah was assistant pharmacist at Cannon Hill.

In February last year, Society inspectors acting on information received visited both shops. At Cannon Hill they found out-of-date medicines, some of unknown provenance and others with expiry dates going back to 1997. At Bearwood the inspectors found out-of-date stock in the Controlled Drugs cabinet and other old medications in the staff toilet.

When Mr Fakir was questioned about the breaches of the regulations he had, according to the Society, misled them and "failed to be honest".

In his defence, Mr Gambrah

maintained that he had told Mr Fakir to dispose of the old stock but no action had been taken.

Because of the length of the initial hearing, Committee chairman Lord Fraser of Carmyllie QC said due to the legal complexities in the case he could not give full reasons for the decision to strike off Mr Fakir and give the other two pharmacists no more than a reprimand but these would be issued at a future hearing of the Committee.

A further misconduct allegation against Mr Fakir's company, Khushdil H Fakir Limited, registered as of 2 Cannon Hill Road, was dismissed.

Mr Fakir will have three months in which to appeal the ruling.

PHARMACEUTICAL COMMITTEE

Award for primary and secondary care

A hospital pharmacy has won £2,500 and an award for its initiative for discharge information between secondary and primary care.

University Hospital Aintree Pharmacy Department won the 2002 DataBank Guild of Healthcare Pharmacist Information Technology Award for its 'Effective electronic transfer of discharge prescriptions pilot'.

The project was designed "to transfer patient discharge information securely and quickly



between the hospital and primary care". The judges were impressed by its simplicity and effectiveness.

The department calculated that

it can scan and e-mail approximately 150 prescriptions within 10 minutes – a dramatic saving in time and effort.

Dr Manish Kothari concludes his series on GI cancers with an overview of a condition in which smoking and alcohol consumption are major risk factors

Oesophageal cancer

Oesophageal cancer is the ninth most common form of cancer in the UK. There are over 7,000 new cases and 6,700 deaths each year. It shows marked geographic variation, with exceptionally high rates in some Asian countries.

Cancers in different parts of the oesophagus show variations in histology, with squamous cell carcinomas (SCC) predominant in the upper portion and adenocarcinomas (ACA) in the lower. Over the past two decades there has been an increase in incidence of cancers of the lower oesophagus and proximal stomach near the gastro-oesophageal junction, with a corresponding decrease in distal gastric cancer.¹

Risk factors
As there are distinct histological subtypes - SCC affecting the proximal and ACA predominant in the distal oesophagus - it is no surprise that the aetiological factors in oesophageal cancers differ in different subtypes. Smoking and alcohol consumption are more associated with SCCs than ACAs where gastro-oesophageal reflux plays a major predisposing role.

Risk factors

Oesophageal cancer is more common in older people in their 60s and about two thirds of those diagnosed are over 65. The condition is twice as common in men than in women.

Smoking and alcohol consumption
Smoking is a major risk factor for oesophageal cancer. About two in five cases may be related to smoking. This risk increases with longer exposure. Smoking pipes, hand rolled and high tar cigarettes increases the risk further. Heavy drinking also increases the risk. There is a synergistic dose-dependent effect of the combination of heavy drinking and smoking.²



Following confirmation of cancer, a CT scan and/or a PET scan is carried out to find out what stage the disease has reached

Diets that are poor in fruit and vegetables, with low intakes of vitamins A, C and riboflavin have been linked with a predisposition to developing SCC.³ Increased consumption of pickled food and iron deficiency anaemia with the Paterson-Brown-Kelly syndrome is also associated with SCC of the oesophagus.⁴ A raised body mass index, perhaps through gastro-oesophageal reflux, is strongly associated with adenocarcinoma of the oesophagus.⁵

Gastro-oesophageal reflux and achalasia

Long-standing reflux from the stomach can cause changes in the epithelium of the lower gullet.

This results in Barrett's oesophagus, which carries a significant increase in the risk of developing ACA.^{6,7} Depending on the length of the segment of columnar epithelium in the distal oesophagus, Barrett's oesophagus can be of varying lengths, classified as long-segment and short-segment (see *Pathology below*). Reduction in reflux may be achieved by suppressing gastric secretion with proton pump inhibitors (PPIs) or by surgery (for example, laparoscopic fundoplication for hiatus hernia).

On the other hand, achalasia predisposes to the development of SCC of the lower oesophagus. In achalasia, passage of food and drink from the oesophagus to the

stomach is delayed or prevented, usually because the lower oesophageal sphincter fails to relax properly. Over time, the lower part of the oesophagus becomes widened and makes swallowing difficult. Symptoms like dysphagia from cancers already existing in the oesophagus sometimes prompt the initial diagnosis of achalasia, giving the false impression of a high apparent risk. However, after the first year of the diagnosis of achalasia there is a 16-fold increase in the development of SCC.

Other risk factors include tylosis, a rare inherited condition,

Continued on page 26 ▶

and swallowing caustic substances such as sodium hydroxide.

Symptoms

These include:

- **Dysphagia** - difficulty in swallowing. This is a cardinal symptom of oesophageal cancer and a quarter of all patients with true dysphagia have oesophageal cancer.
- **Unexplained weight loss or anaemia.**
- **Pain in the form of pressure, or heartburn when swallowing food down the oesophagus.**
- **Hoarseness or a chronic cough.**
- **Regurgitation of food or vomiting and hiccups.**
- **Loss of appetite over a period of a few weeks.**

Guidelines for urgent referral for upper GI cancers⁸

- Difficulty in swallowing; food sticking in the throat (dysphagia) at any age.
- Indigestion (dyspepsia) at any age in combination with weight loss, anaemia or anorexia.
- Indigestion in anyone aged 55 or over that started less than a year ago and has been continuous (in some areas throughout the UK there is a policy to refer people

older than 45-50).

- Jaundice or a lump in the upper abdomen.
- Indigestion with associated risk factors such as:
- a family history of two or more first-degree relatives having had cancer of the pancreas, oesophagus or stomach; Barrett's oesophagus;
- pernicious anaemia;
- surgery for a peptic ulcer over 20 years ago;
- known dysplasia;
- atrophic gastritis; or
- intestinal metaplasia.

Diagnosis

Gastroscopy is the most common means of diagnosing oesophageal cancer. A suspicious lesion is biopsied and subjected to histology. It is important to determine the extent of Barrett's oesophagus when present so multiple biopsies are taken. The presence of high-grade dysplasia (abnormal cells) with Barrett's oesophagus is an indication for further urgent endoscopy and biopsies.

In addition, a barium swallow or endoscopic ultrasound may be performed. A bronchoscopy may be required to exclude spread to the lungs.

Following confirmation of cancer a CT scan and/or a positron emission tomography (PET) scan is performed to stage the disease. PET scanning is likely to be more widely used in future in oesophageal cancer staging because it appears to be superior to current imaging techniques in evaluating distant solid organ and lymph node metastases. It also allows early assessment of response of the primary tumour to neoadjuvant treatment.⁹

PET in combination with CT as a single scan (PETCT) is available in some centres and is said to be a step forward in accurate staging. This is important for appropriate pre-operative (neoadjuvant) therapy to be instituted.

Pathology

A variety of benign tumours like leiomyomas, fibromas, lipomas, haemangiomas etc can occur in the oesophagus.

The two major histological subgroups of malignant tumours are the more common squamous cell carcinomas and less common adenocarcinomas. Undifferentiated cancers constitute a small but important proportion of cancers whereas other rare tumours include sarcomas (leiomyosarcoma and fibrosarcoma).

Barrett's oesophagus is an important precursor lesion in which the normal squamous epithelium of the lower oesophagus is replaced by gastric or intestinal type columnar epithelium (metaplasia) that is at a higher risk of becoming dysplastic or cancerous.

Treatment

Controversies exist in almost all forms of treatment in oesophageal cancer ranging from the extent and approach for surgery to the various treatments used to aid surgery.

Broadly speaking, the treatments are:

- surgery
- chemotherapy
- radiotherapy.

Surgery

Resection (excision) of the oesophagus, depending on the site of cancer, can involve part or whole of the oesophagus with or without the proximal stomach as well as lymph node dissection.

These are known as:

- partial oesophagectomy
- total oesophagectomy
- oesophagogastrectomy.

The stomach or colon is then

mobilised as a conduit to maintain continuity of the gut.

Palliative procedures to relieve symptoms

- Laser therapy. This can be done under local anaesthetic. Usually two to three lots of laser treatment are needed to shrink the cancer so that food can pass through the oesophagus to the stomach.
- Oesophageal intubation in which a hollow plastic or metal tube is inserted through the obstructing lesion to keep the gullet open and help with swallowing.
- Oesophageal dilatation.
- Injection therapy.
- Photodynamic therapy.

Chemotherapy

Chemotherapy can be given as:

- neoadjuvant therapy before surgery to try to shrink a large cancer to make it operable;
- adjuvant therapy after surgery;
- to reduce or control symptoms in advanced cancer and slow down progression.

Neoadjuvant (pre-operative) chemotherapy with cisplatin and 5-fluorouracil (5-FU) has been shown to improve short-term survival over surgery alone. A large UK MRC trial involving over 800 patients has reported significant improvement in survival with two cycles of platinum-5FU followed by surgery compared with surgery alone.¹¹

Neoadjuvant treatment has the advantages (some theoretical) of early treatment of micrometastatic disease, making resection more effective by down staging the tumour, and better tolerance of aggressive chemo-radiotherapy.

However, there is no clear evidence for a role of adjuvant chemotherapy and this is currently used inside the setting of clinical trials. A major randomised trial of adjuvant (post-operative) chemotherapy showed no benefit.¹² Most post-operative oesophageal cancer patients are too frail and have a difficult time getting through an aggressive protocol of chemo-radiotherapy.

There is a role, though, for pre-operative radiotherapy in combination with chemotherapy (chemo-radiation) and it is the treatment of choice for localised squamous cell carcinoma of the proximal oesophagus. A randomised trial of chemo-radiation and surgery compared

Cross-section of the oesophagus

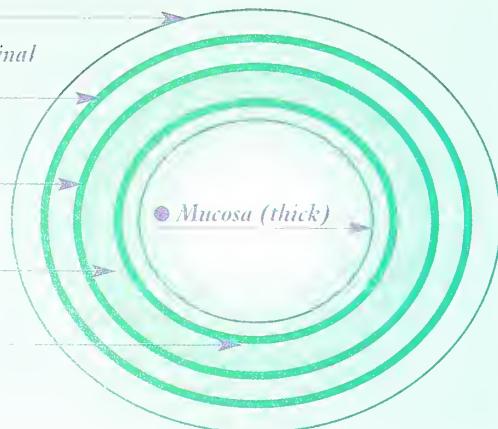
● Adventitia

● Outer longitudinal muscle

● Inner circular muscle

● Submucosa with glands

● Muscularis mucosa



TNM staging system of oesophageal cancer¹⁰

T: Primary tumour

T1: Tumour invades the mucosa or submucosa

T2: Tumour invades the muscle layers of the oesophagus

T3: Tumour invades the adventitia and peri-oesophageal tissue without invasion of adjacent structures

T4: Tumour invades adjacent structures

N: Regional lymph node involvement

N0: No nodal metastases

N1: Involvement of regional nodes

D: Distant metastases

M0: No distant metastases

M1: Metastases beyond regional lymph nodes



Increased consumption of pickled food is associated with squamous cell carcinoma of the oesophagus

with surgery alone showed a benefit with the former treatment. Response rates with induction chemo-radiation are superior to those seen with induction chemotherapy alone. The concurrent (vs sequential) administration of chemotherapy and radiotherapy appears to be important for a good treatment response.¹³

Chemotherapy for oesophago-gastric junction cancers is similar to that of gastric cancer and has been discussed earlier (*C&D Pharmacy Update*, September 20, 2003, p21-24).

Many chemotherapeutic drugs are available to aid treatment of oesophageal gastric cancer and are usually used in combination. One of the commonest combinations used for adenocarcinoma of the oesophagus is ECF (epirubicin, cisplatin and 5-FU). Mitomycin C is sometimes used instead of epirubicin (MCF) whereas for squamous cell carcinoma a combination of cisplatin and 5-FU is used. Other chemotherapeutic agents used in treating oesophageal cancer include irinotecan, paclitaxel and vinorelbine.

Chemotherapy side effects

Side effects

One of the most common and disruptive side effects of almost all chemotherapy drugs is fatigue that continues for several months after stopping treatment.

Increased risk of infection due to temporary bone marrow dysfunction causing neutropaenia. Because of the same mechanism patients can develop anaemia or thrombocytopaenia (low platelets) requiring transfusions. Fortunately the effects are reversed back to normal within three to four weeks of stopping the drug.

Nausea and vomiting in varying degrees may occur and can usually be controlled with anti-emetics.

Hair changes can range from thinning to complete hair loss and are usually temporary.

There are harmful effects on a developing foetus and it is advisable not to conceive while taking chemotherapy. Some drugs, in particular epirubicin and cisplatin, may also cause a total loss of fertility after treatment.

Other common side effects include mouth ulcers, skin rashes, diarrhoea, changes in taste, loss of appetite, discolouration of urine and increased photosensitivity.

Epirubicin can also cause temporary cardiac damage while cisplatin is nephrotoxic. A particular side effect of 5-FU is soreness and redness of the palms of the hands and soles of the feet (palmar-plantar erythema), sometimes causing the skin to peel. Irinotecan can cause severe sweating, abdominal pain and diarrhoea requiring rehydration therapy.

It is important to remember that not every patient gets these side effects and that many are temporary.

Radiotherapy is often used instead of surgery to treat localised squamous cell cancers of the proximal oesophagus. It is also used for palliation and apart from the above indications, radiotherapy on its own has little, if any, role to play pre-operatively.¹³

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Gluten-free extras



Dietary Specials has launched five new gluten-free wheat-free prescription products.

Cracker bread, an alternative to bread; tea biscuits called Hoops made with eggs and honey; and penne, fusilli and spaghetti pastas made in Italy will be available through pharmacy wholesalers from June 7.

Trade price and Pip code: Cracker bread 150g £1.80, 305-5076; Hoops tea biscuits 220g £2.00, 305-5118; spaghetti 500g £3.20, 305-5043; penne 500g £3.20, 305-5027; fusilli 500g £3.20, 305-5019

Nutrition Point
Tel: 01925 258000

Almus adds warfarin

Almus Pharmaceuticals has added warfarin 1mg, 3mg and 5mg tablets to its generic medicines portfolio.

The packaging combines industry standards for warfarin strength with Almus's colour coding system, while taking onboard recommendations from the recent DoH medicines' packaging design report.

Price: 1mg £1.35, 3mg £1.53, 5mg £1.70

Pack size: 28 tablets
Pip codes: 1mg, 111-0956; 3mg, 111-0964; 5mg, 111-0972
Almus
Tel: 0800 917 7983

Mirtazapine

Zispin tablets (mirtazapine) are

being discontinued from the end of this month.

Manufacturers are expected to launch generic versions of mirtazapine 30mg tablets later this year. Pharmacists who receive a prescription for mirtazapine 30mg tablets will be reimbursed the current *Drug Tariff* price for mirtazapine 30mg tablets regardless of whether they have endorsed Zispin SolTabs. In the meantime, PSNC has advised pharmacists to endorse prescriptions as "orodispersible or Zispin SolTabs supplied" to avoid suggestions of fraud.

For more information:
www.psnc.org.uk

with non-opiate controlled severe pain should receive an initial dose of 10mg every 12 hours.

Those with mild to moderate renal impairment and/or mild hepatic impairment should be titrated to pain relief from an initial dose of 5mg every 12 hours, increased in 25 per cent to 50 per cent increments.

For more information:
Napp Pharmaceuticals
Tel: 01223 424444
<http://emc.medicines.org.uk>

Seroquel clarification

Patients with bipolar disorder who received Seroquel (quetiapine) experienced a 53 per cent improvement in depressive symptoms, not 61 per cent as stated in *C&D*, May 15, p 32. The 61 per cent related to relief of manic symptoms. Twenty eight per cent of patients who received placebo were in remission from depressive symptoms, not 21 per cent.

OxyContin extension

OxyContin is now licensed to treat severe pain requiring the use of a strong opioid in addition to its existing indication for moderate to severe pain for cancer and post-operative patients.

Opioid-naïve patients and those

Promotion

Advanced Verruca and Blister Protection from Scholl

Brand focus

Verrucas are caused by the papilloma virus and are highly contagious, if you find a verruca on the sole of your foot, you'll want it to vanish quickly! Scholl, the market leader in footcare, is driving growth in the verruca category and currently holds 15.7% market share, with year on year (MAT) growth of 23.7%!

What causes Verrucas

A type of plantar wart, verrucas appear as pale, slightly raised lesions on the soles of the feet. Distinguished by their cauliflower shape, hard outer edges and – on occasion – small black spots in their centre, they are most frequently found on the ball of the foot, the bottoms of the toes, or the heel.

Like all other warts, verrucas can be difficult to get rid of, as the viral cause of the condition does not respond to anti-biotics or other oral medications. Verrucas are highly contagious and foot baths, dry skin and cuts can all act as open doors for this unwelcome visitor.

Scholl Verruca Treatment For Advanced Protection

• Scholl Advanced Verruca Removal Plasters contain a special Scholl Medicated Disc which is impregnated with salicylic acid. It gently break down the verruca, but is firmly designed plaster that offers continuing protection against pain and pressure relief for adults and children.
• Scholl Seal and Hold™ Verruca Removal Gel is a new product that contains the active ingredient salicylic acid. A quick and easy treatment that requires a once daily application, the gel also acts as a clear shield over the verruca preventing the spread of further infection. No plaster required.

Blisters affect as many as 45% of the population. Like many supposedly minor ailments, the size of a blister sometimes seems to be in direct proportion to the distress it can cause. Scholl is driving growth in the blister category, valued at £3.2 million, and currently holds 24.1% of the market share, experiencing a 28.6% year on year (MAT) growth.

What causes Blisters?

Blisters occur when the skin on the foot rubs against another surface, causing friction, which results in a tear between the upper and lower surfaces of the skin. This rupture forms a pocket, which quickly fills with liquid – the semi-opaque fluid that characterises the bubble-like look of a raised blister.

Scholl's New Generation Blister Protection

• Always choose a specialist blister plaster for the affected area. For instant and invisible pain relief Scholl Clear Gel Blister Plasters, with new generation Hydra-Gel Technology, are specially developed to help create the ideal wound healing

environment. Scholl Hydra-Gel technology brings you:

- Instant pain relief.
- An intelligent gel plaster which absorbs fluid from the blister; whilst helping to create the ideal wound-healing environment.
- A performance gel plaster that is proven in laboratory tests to provide superior cushioning protection and to be more effective than a standard first aid plaster.
- An invisible gel plaster that is transparent and ultra-thin, making it completely discreet in use.
- Preventing blisters from forming in the first place is the preferred, less painful way of dealing with the problem. Scholl Sore Spot Moleskin or Scholl Pressure Point Foam Padding, are special padding which can be cut to the exact shape and size you need and placed over the affected area.

1 IRI 52 w/e 21 Feb 04

2 Scholl U&A 2000

3 IRI 52 w/e 21 Feb 04

A New Brand Look For A New Generation

To mark 100 years of footcare expertise, Scholl are introducing a new brand identity and pack design. The revitalised range features improved on-pack communication of the key product features and benefits in order to aid customer identity and decision-making at point-of-sale. For more information, speak to your SSL representative or call our helpline on 0161 654 3000.

SSL International, Canute Court, Knutsford, Cheshire, WA16 0NL.
Scholl and the Scholl logo are registered Trade Marks of the SSL Group.



Scholl

Charities hit back at NICE decisions

The Government's drug watchdog has been lambasted for two of its decisions by charities claiming that it is compromising patient care.

The Skin Care Campaign and cancer charities GIST (gastrointestinal stromal tumours) Support UK and Sarcoma UK have criticised the National Institute for Clinical Excellence's decisions on eczema treatments and Glivec (imatinib).

SCC chief executive Peter Lapsley said that the charity was to appeal against NICE's final appraisal determination which states the lowest costing topical

corticosteroid should be used when more than one could be considered clinically appropriate.

"There have been serious concerns that it is a cost-cutting device... at no point did NICE seek evidence for the relative efficacy or cost-efficacy of the 30 treatments under consideration," he said.

GIST UK and Sarcoma UK claim that NICE's decision to recommend patients who fail to show improvement on a CT scan after 12 weeks on Glivec not to receive further treatment with the drug is "shocking and unethical".

It can take up to nine months to see drug response with a CT scan, whereas metabolic changes within tumours are undetectable by CT, the charities claim. Denying patients treatment at this stage could cause their tumours to flare up, worsening their condition, they add.

• NICE has relaunched its website to make its guidance more accessible. It has an improved search facility as well as a dedicated section for implementing NICE guidance in the NHS.

For more information:
www.nice.org.uk

NSAIDs best for menstrual pain

COX-2 inhibitors are no better than NSAIDs for treating dysmenorrhoea, while there is little evidence to support use of most dietary supplements for the condition.

NSAIDs should still be used to treat dysmenorrhoea as they can relieve pain by up to 70 per cent, but COX-2 inhibitors may be used for patients intolerant of NSAIDs. The newer drugs have not demonstrated superior pain relief, write two gynaecology consultants in *Prescriber*. Combined oral contraceptives are also an acceptable dysmenorrhoea treatment, despite a lack of trial data and should be used as a first-line treatment if contraception is required too.

Among the unrecommended treatments were dietary supplements such as magnesium, pyridoxine, vitamin E and fish oil, for which further research is necessary.

However, 87 per cent of women experienced pain relief after taking thiamine 100mg daily for three months in a large, placebo-controlled trial.

Insufficient evidence emerged from large controlled trials to recommend anticholinergic antispasmodics to relax the uterine smooth muscle. Although unlicensed for dysmenorrhoea, beta-blockers and calcium-channel blockers are reported to be of some benefit.

For more information:
www.escriber.com
Prescriber 2004; 15: 42-50

Iron supplements only help some women

Non-anaemic women can benefit from iron supplements but only if their tissues and not their liver are lacking the mineral, US researchers claim.

Women who are tissue-iron deficient, but not yet anaemic, can benefit from iron supplements, like anaemic women, in order to help them exercise more efficiently. However, women who have low liver iron levels have to work harder in exercise and supplements don't help. One of the study's authors, Professor Jere Haas, said: "Millions of women who are mildly iron deficient must work harder than necessary when exercising or working physically, and they can't reap the benefits of endurance training very easily. As a result, exercise is more difficult so these women are more apt to



Red meat is recommended to avoid iron depletion; vegetarians should try to consume vitamin C at the same time as non-meat iron-rich foods

lose their motivation to exercise."

Over 40 per cent of 15-18-year-olds and one third of 19-24-year-olds have low iron stores, a recent survey by the Food Standards Agency has found. Mild to moderate iron deficiency should

be of greater concern, suggest the authors, and women who are physically active, dieting or following a vegetarian diet are at high risk. Red meat is recommended to avoid iron depletion and the authors recommend vegetarians consume vitamin C in juice or fruit forms to improve iron absorption from legumes, whole grains, green vegetables and other iron-rich foods.

FSA nutritionist Sam Church said: "By packing more iron-rich foods into their diets young women can make sure that lack of iron isn't the cause of their zapped energy levels."

For more information:
American Journal of Clinical Nutrition
2004; 79: 437-443
www.foodstandards.gov.uk

Promotion

This unique supplement offers you more. Glucosamine is just the start.

Glucosamine, as you may already know is a naturally-occurring substance found in normal, healthy joint tissue. Here it plays an important role in the smooth working of joints by helping to maintain connective tissues.

You can also find glucosamine in Health Perception's **BackOsamine** – a unique supplement specially formulated for the back.

But that's not all, **BackOsamine** offers

more than glucosamine alone, it also contains chondroitin. This can also be found in normal, healthy joint tissue and is known to help attract fluid into cartilage.

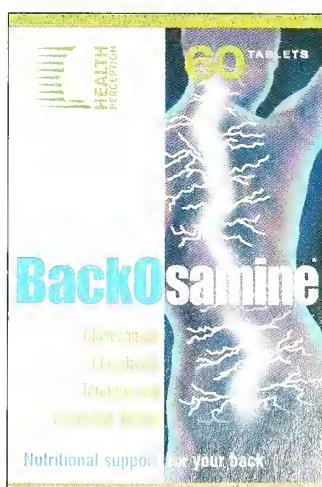
BackOsamine is uniquely enhanced by the inclusion of two further ingredients: bromelain and turmeric.



BackOsamine really is a supplement that offers you more, but since it's brought to you by the company that first introduced glucosamine to the UK – would you really expect anything else?

Quality products from a company you can trust

For more information about Britain's most popular range of glucosamine supplements, call 01252 861 454 or visit www.health-perception.co.uk



Condomi teams up with MTV

Condomi Health has joined forces with MTV and Viacom to launch a condom range that aims to reduce the embarrassment factor from condom purchase.

MTV condomi is targeted at 20-25 year olds and is available in three variants – Hetero, Female and Androgynous.

To encourage female purchase, it is suggested the Female variant is merchandised in the cosmetics fixtures with the other two designs stocked in traditional fixtures.

The launch will be supported by TV advertising on MTV networks in UK and Ireland, bus sides and an Underground poster campaign.

MTV is giving its profits from the range to the Staying-Alive Foundation, set up to raise awareness about HIV/AIDS among young people around the world.

The range will be sold through



pharmacies, grocers and non-traditional condom retailers such as Virgin Megastores. It is available to pharmacies through Dhamecha Cash & Carry.

Price: £1.99

Pack size: three
Condomi Health UK
Tel: 01260 291926

Listerine goes on six-day trial

Shoppers around the country are being invited to take part in a Listerine six-day challenge promotion by using the mouthwash twice a day for six days.

Over 10,000 free 250ml samples of Listerine are being distributed at each event. Dental hygienists are on hand to offer free oral care advice and consumers can take part in an interactive oral quiz.



Special promotional six-day challenge bottles will support the initiative.

If the participant does not notice a difference after using Listerine for six days, they can apply for a full refund (terms and conditions apply).

The challenge will be backed by a promotional radio and press campaign.

For more information:

Pfizer Consumer Healthcare
Tel: 01304 616161

Durex takes to the skies

The first ever on-pack promotion for Durex condoms will be on shelf from the end of May until July.

Timed to coincide with the start of the summer holiday season, special Durex packs feature the 'Mile High Experience' tag.

The promotion offers purchasers two flights for the price of one to nine European cities including Paris,



Rome, Milan and Barcelona.

Point of sale material is available for pharmacies.

For more information:

SSL International Plc
Tel: 0161 654 3000

Numark adds oral care

Numark is adding toothbrushes and toothpaste to its own brand oral care range in June.

Numark Sensitive Toothbrush and Sensitive Toothpaste have been designed especially for those with sensitive teeth.

The toothbrush range also includes an interdental toothbrush with an advanced bristle design to assist plaque removal and a multi-pack containing two toothbrushes.

Price: Sensitive and interdental brush £0.99, Multi-pack £0.79, paste £1.69

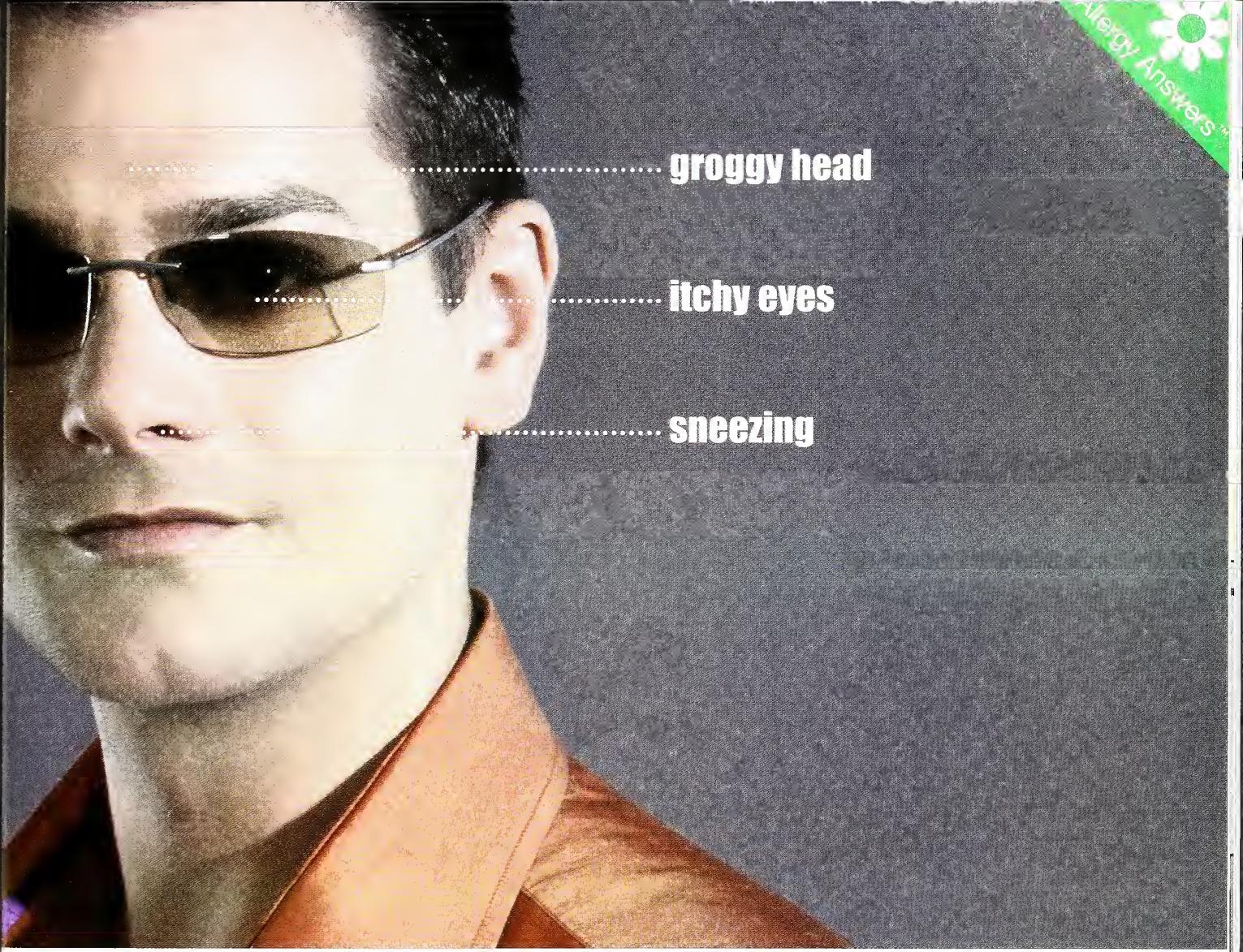
Numark Ltd
Tel: 01827 841200

Drug test

A urine drug test produced by Hunter Diagnostics in Ireland is now available for UK pharmacies to sell over the counter. The 6DS1 6 Drug MultiTest (see page p42) can be used by parents to check whether their teenagers are taking illicit drugs. It is designed to identify cocaine, amphetamine, cannabis, metamphetamines, opiates and benzodiazepines.

Price: £12.67

Hunter Diagnostics
Tel: 00 353 (0)1 4582646



groggy head

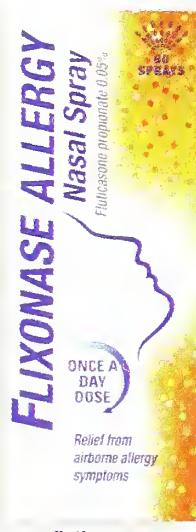
itchy eyes

sneezing

Flixonase® for the man who has everything

You won't find a more complete answer to airborne allergy than Flixonase Allergy Nasal Spray. Unlike antihistamines, it treats all three major chemical pathways: histamine, leukotrienes and prostaglandins.¹⁻³ That's why it can relieve both early and late phase symptoms, from itchy eyes to groggy heads.⁴⁻¹²

Recommend Flixonase Allergy, the most effective once a day airborne allergy treatment.^{4-10,12}



fluticasone

So much more than an antihistamine

Flixonase Allergy Nasal Spray Product Information. **Presentation:** Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. Side

effects: Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. **Flixonase** is a registered trade mark of the GlaxoSmithKline group of companies.

References: 1. Howarth PH. Allergy 2000; **62:** 6-11. 2. Rak S et al. Clin Exp Allergy 1994; **24:** 930-939. 3. LaForce C. J Allergy Clin Immunol 1999; **103:** S388-394. 4. Jordana G et al. JACI, 1996. 97 588-595. 5. Van Bavel JH et al. Ann Allergy Asthma Immunol 1997; **78:** 128. 6. Gehanno D. Desfougeres J-L. Allergy, 1997; **52:** 445-450. 7. Ratner PH et al. J Fam Pract 1998; **47:** 118-125. 8. Stricker WE et al. Ann Allergy Asthma Immunol 1998; **80:** 115. 9. Kaszuba SM. Arch Intern Med 2001; **161:** 2581-2587. 10. GlaxoSmithKline Data on file, FNM30033. 11. GlaxoSmithKline Data on file, FNM40184 & 0185. 12. Vervloet D et al. Clin Drug Invest 1997; **13**(6): 291-298.



GlaxoSmithKline
Consumer Healthcare

Fisherman's Friend targets green fingered

Fisherman's Friend will be targeting gardeners with a new £1 million national advertising and sampling campaign this summer.

The brand's newest flavour – Cherry Menthol – will be sampled at the BBC Gardeners' World Live Exhibition at Birmingham NEC from June 16-20. The brand will also be sponsoring a cherry garden at the exhibition.

The campaign message is that the medicated lozenges offer "relief from extreme conditions". According to the manufacturer, the brand has been reported to help to alleviate some of the unpleasant symptoms of hay fever.



For more information:

Jenks Sales Brokers
Tel: 01844 293399

Promotion

HealthAid Diaglucoforte™

Brand focus



HealthAid Diaglucoforte has been formulated with specific herbs and contains the main ingredients.

HealthAid Diaglucoforte is suitable for vegan and vegetarians, is free from all common allergens and retail at

£9.99 for 60 tablets. Please call 020 8426 3400 for further information or visit www.healthaid.co.uk

HealthAid

Murine focus on red eyes

Murine Eye Drops will be in the public eye during the hay fever season, backed by a £150,000 press advertising campaign.

Targeting consumers with sore, red and tired eyes, the new campaign features the message "Don't see red. See white."

A new counter display unit and shelf edger is available for pharmacies.

For more information:

Ceuta Healthcare
Tel: 01202 780558



Bladder problems in the bag

A disposable urinal bag that utilises USA-developed Liqsorb crystal technology is now available to UK pharmacies.

The PWP Go Bag is suitable for people with bladder control problems and those with difficulties with mobility and access to public conveniences.

It is a toughened, leak-proof bag containing a second bag with a crystal pouch inside. The polymer

crystals solidify urine and other liquids instantly into an odourless, spill-proof gel that is non-toxic and safe for disposal in any normal bin.

The bag is ergonomically designed for unisex use while sitting or standing and each one can be used up to three times.

Price: £8.95 (3), £25.95 (10)
Personal Waste Products Ltd
Tel: 0800 358 9871

TV next week

Benadryl: All areas except GTV, U, STV, HTV

Bodyform: C4, five, GMTV, Sat

Breathe Right: GMTV

Canesten Duo: All areas except CTV

Clarityn Allergy: All areas

Clearasil: All areas except GMTV

Gavilast: All areas except TT

Gaviscon: All areas except TT

Imodium Plus Caplets: All areas

Piriton: All areas except U, CTV

Simple Oil Control: five

Veet Bladeless Razor: All areas

Veet Express Roll on: All areas

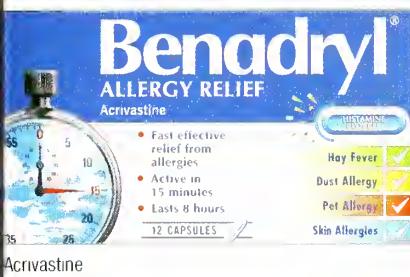
Veet Ready to Use Strips: All areas

Zirtek: Y, C, LWT, C4, Sat

PharmaSite for next week: Clarityn – window, Clarityn – in-store, Clarityn – dispensary

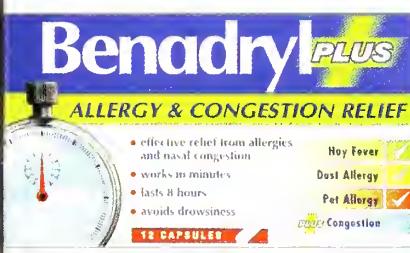
A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

SOLVE CASES FAST WITH BENADRYL®



CASE #1

For a high-speed solution Benadryl Allergy Relief is active in just 15 minutes: no other non-drowsy* allergy 'tablet' works as fast.



Acrivastine & Pseudoephedrine

CASE #2

When a blocked nose is involved Benadryl Plus is the only non-drowsy* allergy relief with added decongestant.



Cetirizine Hydrochloride

CASE #3

Benadryl One a Day Relief: Just one tablet for non-drowsy* relief all day.



Cetirizine hydrochloride

CASE #4

For kids aged 2+, Benadryl Allergy Oral Solution is the number one† OTC non-drowsy* children's allergy syrup. Available in great tasting banana flavour.

Pfizer Consumer Healthcare

WHEN WE SAY IT'S FAST, WE MEAN IT'S FAST

www.allergyadvice.co.uk For Pollen Alerts text: Pollen to 85080**

Acrivastine/Cetirizine, at the recommended dose, do not cause drowsiness. However, some cases of drowsiness have been reported. **Initial message costs up to 10p plus VAT. To unsubscribe from subsequent free alerts text 'stop' to 85080. †Information resources: A11 IRI HBA outlets Unit and Value sales, 52 w/e 21 Feb 2004.

BENADRYL ALLERGY RELIEF PRODUCT INFORMATION: Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage: Adults and children aged 12 – 65 years: One capsule up to three times a day. Contraindications: Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. Precautions: Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely drowsiness. RRP (ex-VAT): 12s: £4.35 (£3.70); 24s: £7.55 (£6.43). Legal category: P PL holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. PL number: 15513/0035 Date of preparation: July 2003.

BENADRYL PLUS CAPSULES PRODUCT INFORMATION: Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: Adults and children 12 – 65 years: One capsule as necessary, up to three times a day. Contraindications: Hypersensitivity to any of the ingredients or triprolidine. Severe hypertension, significant renal impairment or severe heart disease: those who have taken MAOIs in the preceding 14 days. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostate enlargement. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely skin rash, drowsiness, urinary retention or CNS excitement. RRP (ex-VAT): 12s: £4.99 (£4.25); 24s: £8.99 (£7.65). Legal category: P PL holder: Pfizer Consumer Healthcare, Eastleigh, Hampshire SO53 3ZQ. PL number: 15513/0017. Date of preparation: July 2003.

BENADRYL ONE A DAY & BENADRYL ONE A DAY RELIEF PRODUCT INFORMATION: Presentation: Cetirizine 10mg. Uses: Symptomatic treatment of rhinitis and urticaria. Dosage: Benadryl One A Day: Adults and children 6 years and over: One tablet daily. Benadryl One A Day Relief: Adults and children aged 12 years and over. One tablet daily. Contraindications: Hypersensitivity to any of the ingredients. Precautions: As with other antihistamines avoid excessive alcohol consumption. Pregnancy & lactation: Not recommended. Side effects: Occasionally headache, dizziness, drowsiness, agitation, dry mouth or gastrointestinal discomfort. RRP (ex-VAT): Benadryl One A Day, 14.75 (£6.77). Benadryl One A Day Relief, 7.45 (£3.79). Legal category: Benadryl One A Day: P Benadryl One A Day Relief: GSL PL holder: UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire WD18 0UH. PL number: 08972/0032. Further Information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. Date of preparation: July 2003.

BENADRYL ALLERGY ORAL SOLUTION PRODUCT INFORMATION: Presentation: Solution containing 1mg/ml Cetirizine hydrochloride. Uses: Seasonal allergic rhinitis, perennial rhinitis and chronic idiopathic urticaria. Dosage: Adults and children 12 years and above: 10ml once daily. Children 6 – 11 years: 10ml once daily or 5ml twice daily. Seasonal allergic rhinitis only: Children 2 – 5 years: 5ml once daily or 2.5ml twice daily. Contraindications: Hypersensitivity to any of the ingredients. Do not use in pregnancy or lactation. Precautions: Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption.

Side & adverse effects: Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions. Price (ex-VAT): £4.99 (£4.25). Legal category: P PL holder: UCB Pharma Limited. 3 George Street, Watford, Hertfordshire WD18 0UH. PL number: 08972/0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. Date of revision: January 2003.

It's time for pharmacists to embrace self-care, says Mike Owen, communications and commercial affairs director, PAGB

In its 85th anniversary year PAGB, the UK trade association for OTC manufacturers, begins a series of articles that reviews key topical issues around self-care and, in particular, the treatment of minor ailments

Do it yourself

The new buzz word in healthcare is "self-care". Government health policy documents, media statements and health advice to consumers now regularly include the phrase. But what exactly does it mean?

In this article, we define self-care, consider how consumers treat minor ailments and use over the counter medicines, summarise the market for OTC medicines, and look forward to how self-care is set for significant growth in the future.

What is it?

Self-care is about people taking responsibility for managing their health themselves in conjunction with, when needed, healthcare professionals and other information and support services.

Self-care involves a spectrum of care, including:

- Individuals making 'healthy choices' in how they live, including diet, exercise and lifestyle, which help in the maintenance of

good health and prevention of ill-health.

- Self-treatment, which involves choosing (responsibly) to use suitable medication (OTC and prescription) to deal with a condition.
- Self-management, which includes being able to handle the symptoms of disease either alone or in partnership with healthcare professionals or other people with the same condition.
- Self-diagnosis, which involves being able to make a risk assessment of symptoms, screening and assessing these, if necessary, in partnership with a healthcare professional.

The notion of people managing their own health can mean different actions to different individuals. For a healthy 20-something woman who eats healthily and exercises regularly, self-care could mean simply treating the symptoms of a cough and cold. For a middle-aged man who smokes a lot and leads a sedentary life, self-care could involve making major changes to his lifestyle and improving his diet.

Self-care does not mean individuals are left on their own. Nor does self-care translate into "no-care". The expertise and support provided by pharmacists, GPs and other health professionals are absolutely critical to making self-care work. Achieving an effective partnership between the individual and health professionals is the crucial matter.

Self-care can be considered as being successful when it is a lifelong habit and culture and takes place in its own right and not as an afterthought in a consultation with a professional. The benefits of self-care centre on wellness and empowerment of the individual.

The origin of self-care

Self-care is not a new concept. For as long as man has been alive, we have been taking care of our own health. Within the last 50 years or so, though, with the evolution of the healthcare professions – doctors, nurses and pharmacists – and the creation of institutional and public services – like the NHS – people have become much less self-reliant for managing their health.

Consequently, people have become increasingly used to turning to their doctor and to the NHS as their first port of call when illness has struck, including for many common ailments. Many people do not think about managing their health proactively themselves and, anyway, do not have adequate knowledge or skills to do so. Findings from recent research indicate that:

- 50 per cent of consumers don't worry about their health at all or don't worry very much and 70 per cent of people would rate their health as being very good or fairly good¹
- at least 10 per cent of common ailments are

Consumers' attitudes to medication*

Attitude statement

% of responses that agreed a lot, or agreed a little

"It is important to be able to buy medicines that you can buy to help relieve minor health problems"

79%

"If I have a minor problem, I am confident I can decide what to buy to treat it"

70%

"If I am unsure about a problem, I always look for professional medical advice"

79%

"I read the instructions carefully before taking a medicine or treatment for the first time"

92%

*base: 2,033 adults aged 15+

PAGB/BRMB1 (1997)

still presented to the GP. This equates to 96 million consultations a year, equivalent to 300,000 consultations each day.²

- more than one in three GP consultations are for minor illnesses and 20–40 per cent of GP time is spent on minor ailments.^{3,4}
- in emergency care as many as 30–40 per cent of attendances are for minor illness/injuries.⁵

Common ailments

Pharmacists know well the wide range of common conditions that people experience – including the common cold, tiredness, headaches, other aches and pains, cuts, bruises and stomach-related upsets.

However, if the scope for self-care is extended to longer running, everyday conditions such as skin problems and smoking cessation and potentially wider still to conditions like obesity, diabetes, cardiovascular disease, arthritis and asthma, it is quickly apparent that the relevance and importance of self-care to the health of the nation is immense.

Heart disease alone causes more than a quarter of a million deaths a year in the UK, and the Government's recent decision to approve the switch of simvastatin to over the counter status was a clear signal of its support for growth of self-care.

The potential market for self-care should also be seen as including a larger role for vitamin and mineral supplements. Data from the Government's recent *National Diet and Nutrition Survey* confirmed the poor state of the average person's diet, with only 13 per cent of men and 15 per cent of women actually consuming the recommended five portions of fruit and vegetables a day.⁶

How self-care works

PAGB research (1997)⁷ clearly shows that consumers, when they experience a minor ailment, see it as important to have access to suitable medicines over the counter and that they are confident in their ability to select what to buy. At the same time, though, they are safety conscious and value the advice that a health professional can offer if they are unsure about a health problem.

The same PAGB research showed that a significant proportion (46 per cent) of minor ailments are actually left untreated, one key reason being that people think the condition is not serious enough or will get better by itself. About one in four minor ailments (27 per cent) were treated with an over the counter product (either bought or turning to a product already in the home).

When people chose to use a medicine without a visit to a professional, the key reasons were that they recognise the symptoms readily or they have had prior experience themselves of the condition. After they have used an OTC medicine, the overwhelming majority of sufferers consider it to have been effective (89 per cent).

The OTC market

At the end of 2003 the OTC market in the UK, based on figures supplied by IRI, was worth just under £2 billion.⁸ After a few years of virtually no growth, last year saw the market grow by 4.1 per cent. A summary

breakdown of the largest categories in the market is shown right.

The main categories showing the highest rates of growth include skincare products, topical analgesics, hay fever and smoking cessation products. Increased public interest in preventative and everyday healthcare, together with wider availability through reclassification, are behind the growth seen with hay fever and smoking cessation.

Regulation of OTC products

The production and supply of OTC medicines take place in an environment that is governed by the same regulatory framework that applies to prescription medicines.

Dietary supplements are controlled by food safety and labelling legislation, including a new European Directive that reinforces the safety of such products.⁹ A separate Directive has been developed that will bring a more robust regulatory framework for traditional-use herbs.¹⁰

One major difference in the control of OTC medicines is that, unlike prescription medicines, they may be advertised and promoted to the public and health professionals. There are, though, specific regulations and codes of practice that apply to such advertising, to ensure that the benefits, uses and effects of OTC medicines are communicated in a balanced and responsible way. The Medicines and Healthcare products Regulatory Agency itself closely monitors OTC advertising, working closely with a small number of self-regulatory organisations – like PAGB whose manufacturer member companies must have their consumer adverts pre-vetted by the Association before public use.

Pharmacists, of course, play a vital role in reinforcing regulations by providing everyday expert advice, information and support to consumers when they buy an OTC medicine from their local pharmacy.

It's on the rise

Despite the 'culture' of reliance on the health service mentioned earlier, self-care is now definitely on the rise again. This is mainly due to the fact that the Government, following *The NHS Plan* in 2000, has now embraced self-care as one of the five key service elements alongside primary care, intermediate care and secondary care.¹¹

The rise of self-care, though, is also due to new social factors like individuals becoming more independent-minded and confident as consumers, greater accessibility to health information in the media, and people wanting more choice and control in their lives.

Consumers increasingly want to be involved in managing their health. They value the convenience, independence and feeling of greater control that come from being able to access medicines over the counter. At the same time, though, they do want the support and expertise to call upon, when needed, from pharmacists, GPs and other health specialists.

The Government's keenness to encourage the growth of self-care is now unmistakable in all its health policies. One of the strongest signals yet was the appointment within the last year of a national director of self-care, whose

Sales by category

Product category	Value £m sales
Analgesics	465.4
Cough/cold/sore throat	375.4
Skin treatments	353.1
Vitamins and minerals	295.7
Gastrointestinal	235.9
Hay fever	79.2
Smoking cessation	77.8

role it is to champion and drive the adoption of self-care principles across the health service.

Other major signals include the expansion of NHS Direct and local Walk-In Centres, development of the Expert Patient Programme, reference to self-care in all National Service Frameworks, encouragement of the wider availability of OTC medicines, and the introduction of new contracts for GPs and pharmacists that highlight the importance of self-care. For pharmacists, the Government's key document, *A Vision for Pharmacy in the New NHS* (July 2003) stressed how pharmacies are at the core of successful self-care delivery in the future.

Self-care is now happening and moving forward steadily. Pharmacists are already involved but have a wonderful opportunity to embrace the change and enhance their professional status and contribution further. Or, alternatively, watch self-care happen around them.

The remaining articles in this series will look in more detail at how self-care is shaping up. The next article will review the major national policy and local initiatives (eg minor ailment schemes) that involve self-care and what they mean to pharmacists. Other topics will be the growth of classification switching and the self-care implications of the new pharmacy contract. 

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6. Information Resources (2004) www.infores.com. Also at www.pagh.co.uk.
7. Information available from Food Standards Agency www.foodstandards.gov.uk. Also at www.pagh.co.uk.
8. Information available from Medicines and Healthcare products Regulatory Agency www.mhra.gov.uk. Also at www.pagh.co.uk.
9. Department of Health, 'The NHS Plan' (2000), www.nhs.uk/nationalplan.



Continental shelf

Jörn Runge looks at three Nordic countries' diverse approaches to pharmacy practices and product ranges

Sweden: the most restricted pharmacies in Europe

The Swedish health system is unusual compared to those of other Western European countries; it has a sole retailer for medicinal products, which is state-owned and non profit-orientated. It was introduced in 1970 with the aim of strengthening state control of medicinal products.

Not everybody in Sweden is taken with this 'uniqueness', not even patients. Apoteket AB has fewer than 900 outlets around Sweden where it is possible to get prescription and OTC medicine or advice on the usage of medication. Patients complain this number of 'pharmacies' is far too few to offer a reasonable service.

Many of the outlets have two departments: one for medication on prescription and one for self-medication to avoid long waiting times for consumers with no questions and only OTC products in their baskets. In the prescription section, patients have to take a queue ticket regularly. Often they wait a long time until a pharmacist or dispenser with specialist training in pharmacology can offer help.

Even the introduction of the electronic prescription, which is sent directly to Apoteket AB, hasn't improved the service as patients still have to queue for their medicines.

As Apoteket staff are obliged to change expensive medication for equivalent cheaper versions, patients may wait even longer. If a patient doesn't want the medication to be changed, they have to pay the difference between the expensive and the lower cost alternative medication that does not fall under the high cost protection.

Another problem is opening hours. Most Apoteket stores only open from 9am to 5pm on weekdays and close on Saturdays and Sundays. In the countryside it is worse.

Around 1,000

Apoteket AB representatives are available at local shops in villages, but many have only a small selection of self-medication products. There are restricted opening times and a longer service because Apoteket agents in rural areas are not qualified pharmacists.

To make things even more difficult consumers cannot buy products like aspirin in shops other than Apoteket AB stores. Swedish legislation adopts a wide definition of what constitutes a pharmaceutical product, meaning the monopoly covers a wide range of items which can be sold freely in other EU countries.

Meanwhile, Apoteket AB is hoping for a 'virtual' 24-hour pharmacy solution throughout Sweden but nothing has happened in this area.



as yet. Until it does, Swedish patients must envy their Finnish neighbours, whose many pharmacies offer services from Monday to Sunday and up to 24 hours, where there are no staff shortages and good service the norm.

Finland: where the patient is king

Finnish pharmacists are said to be among the best in Europe in terms of their services. There are approximately 600 pharmacies and 200 branch pharmacies and one reason for the quality of service is that price competition for medicines is not allowed, and often the next pharmacy is just around the corner.

Akin to the developing model in the UK, the Finnish offer separate areas where patients get discreet advice. There is often a waiting zone with literature and a play area for children. Often pharmacies offer equipment to check blood pressure, weight and size.

Customer cards, as offered from Helsinki's public university pharmacy,

offer the possibility of renewing an old prescription via the phone, a print-out of medicines bought in the last two years for an easier application of a refund from the health insurance or a credit for large-scale consumers – something that also happens in Denmark. Special evening events are organised where doctors, nutrition advisers and pharmacists are on hand to offer advice.

Public university pharmacies have even

more to offer. Instead of paying taxes to the state, they transfer the money to the universities. While this was used to support pharmacy students when the rule was introduced, today the money supports the Finnish universities in general.

Norway: country of pharmacy chains

Since the new *Norwegian Pharmacy Act* came into force on March 1, 2001, the country has had the most liberal pharmaceutical market in Europe. The government role is limited to issuing the necessary licences to applicants who fulfil the requirements for owning and running a pharmacy. In addition, the Act will allow the pharmacies' owners to choose their preferred legal status for the pharmacy.

As a result there were 491 private pharmacies in Norway on December 31, 2003, of which 95 per cent belonged to chains. Of these, approximately 85 per cent of the pharmacies belonged to the largest of the three main chains, the Apotekjorden Group's Apotek 1, with 204 pharmacies and 1,449 employees.

Today there are 122 more private pharmacies than on March 1, 2001, when the pharmacy market was liberalised. In addition, a further 27 publicly owned hospital pharmacies offer their services as they did before liberalisation. On average each pharmacy serves approximately 11,500 people while there is one pharmacy per 5,000 people in the United Kingdom or 3,800 in Germany.

Although there are more pharmacies and therefore a better supply of medicines throughout Norway since March 2001, patients and consumers must face the negative side of the 'oligopoly' as well. Instead of the anticipated fall of prices for medicine, Norway's inhabitants are having to pay more than before liberalisation. ☉

Can't eat, won't eat

Dysphagia was one of the themes of the UKCPA spring conference earlier this month. **Sonia Sanghani** reports

Chefs have a valuable role to play as part of the multi-disciplinary clinical team when dealing with dysphagic patients. "We eat with our eyes – if it doesn't look appetising, it won't be eaten," said Neil Palliser-Bosomworth, a chef based at Nutricia.

Malnutrition and dehydration are not uncommon in the NHS. Dysphagia is found in many medical conditions and pharmacists can input into the multi-disciplinary team. Conditions such as stroke, Alzheimer's, Parkinson's disease, motor neurone disease and multiple sclerosis all result in the patient being unable to take in sufficient calories to pursue a better quality of life.

However, food doesn't have to be boring for these patients. With assistance from speech and language therapists, nutritionists, nurses, medical staff and pharmacists, chefs have been changing the way dysphagic patients are being fed within NHS hospitals.

Picture charts are used with patients who have difficulty in speaking in order to indicate their meal choices; providing patients a better quality of life while dealing with the limitations of their health status.

Patients who have difficulty swallowing require small portions of high calorie, smooth, soft food. Most water-based foods require thickening with maize starch to give patients more tongue control when swallowing.

Dehydration can be prevented by using thickening agents in juices and drinks. Sharp, strong flavours stimulate the swallowing reflex; colour and texture are further important factors to consider when pureeing food.

Small amounts of alcohol in thickened sip feeds can act as an appetite stimulant in those exhibiting appetite loss. While initiatives are being undertaken in hospital settings, it is important to ensure carers are educated to look after patients' nutritional needs in the home setting.

Mr Palliser-Bosomworth suggested that providing patients with their medications first thing in the morning will result in more successful intake due to better muscle control. While medication in liquid form may seem appropriate, the consistency and sweetness needs to be monitored, especially in elderly patients. Primary care organisations are looking at the spend on sips and supplements and he suggested that there is a place for their use in such patients, but these should not replace food.

UKCPA and Wyeth Education and Training Award 2004

Experienced pharmacists should utilise their potential to act as role models for junior pharmacists entering clinical multi-disciplinary teams, suggested Ann-Veronica Page, Bradford University and winner of the 2004 UKCPA/Wyeth Education and Training Award, pictured.



Her research, entitled "Why make trouble? – critical incidents in the first practice year," tracked four students' attempts at socialisation into both the pharmacy profession and the NHS multi-disciplinary clinical team. Three critical incidents were analysed: one with other pharmacists, one with other healthcare professionals and one with patients. Of the 12 incidents, six were defined as traumatic, three had a positive outcome and three resulted in significant learning. The major issue was one of status and power, both individual and relative.

Junior pharmacists do not have high self-esteem or a real sense of professional identity. Sixty eight out of 74 comments about doctors were negative while three quarters of the comments about nurses were positive. Nurses were seen to support pharmacists in their interactions with doctors and were useful sources with regard to patient information.

Mrs Page's research found that pharmacists may not be fully participating in clinical teams. Junior pharmacists are better trained than ever, yet their inability to engage within clinical teams is a major obstacle in pushing ahead with the development of new roles for the profession.

Almost 70 per cent of the pharmacy profession undertake their pre-registration training in community pharmacy. While having pharmacists 'at the coal face' and so near to patients is a major strength, solutions needed to be devised in order to provide appropriate ongoing support and training. This would enable these pharmacists to attain the confidence and competence to embrace the new roles being offered to them.

Mrs Page suggested the use of peer pharmacists as mentors and role models, the introduction of explicit career pathways within pharmacy and more work-based training during the undergraduate syllabus.

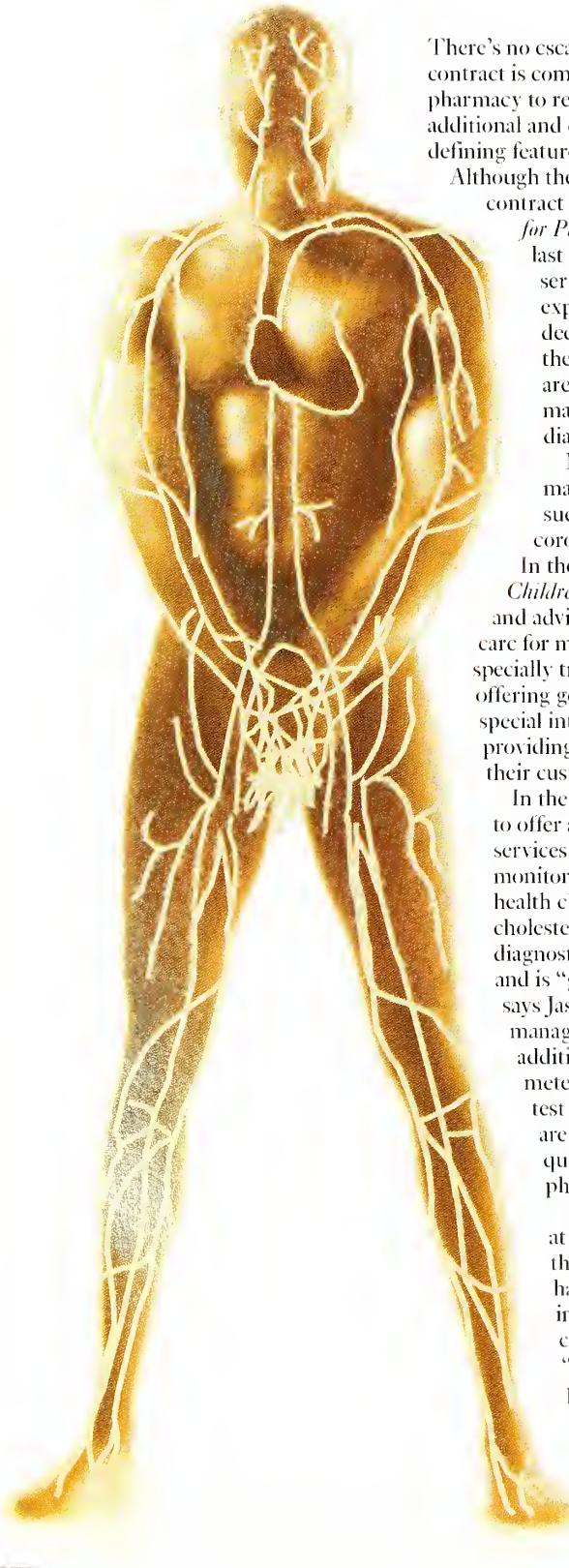
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Body of work

The times they are a changing. If you haven't been involved in diagnostics or medicines management yet, you soon will. It's not as hard as you think, says Fiona Salvage



There's no escaping it. The new pharmacy contract is coming and if you want your pharmacy to remain competitive, then additional and enhanced services will be your defining features.

Although the detail of the new pharmacy contract has yet to be finalised, the *Vision for Pharmacy* document published last year gives us a good idea of what services pharmacists will be expected to offer. These will be decided by the PCT depending on the need in particular locations, but are very likely to include medicines management, reviews and diagnostics.

National Service Frameworks may define some of these services, such as those for older people, coronary heart disease and diabetes. In the near future, the *NSF for Children* will help pharmacists support and advise parents and children on self-care for minor ailments. Further ahead, specially trained pharmacists could be offering genetic testing and those with a special interest in the area could be providing advice on pharmacogenetics to their customers.

In the meantime, pharmacists are able to offer a wide range of diagnostic services including blood pressure monitoring, blood glucose meters, heart health checks, allergy testing and cholesterol testing. The diabetes diagnostic market continues to increase and is "growing steadily every year", says Jason Lovatt, senior marketing manager at Roche Diagnostics. In addition, sales of blood glucose meters are going up more than the test strip market, he adds. "Patients are willing to update their meters quickly, rather like their mobile phones."

But some pharmacies are better at selling blood glucose meters than others and Roche's research has found that the meters can be impulse buys, but only if customers can see them. "Although 90 per cent of pharmacies do stock blood glucose meters, lots don't have them on display, but if you do they can be impulse buys."

Some patients are still using their first meter, he explained. Those who are

still using the Reflotlux S meter will need to update their kit soon, as the BM Test 1-4 strips (the first prescribable strips) will be discontinued later this year, he warns.

Roche Diagnostics will be extending the opening hours of its Accu-Chek helpline from June 14 to include weekends. The extended opening hours will be Monday-Friday 8am-8pm, Saturday 10am-4pm and Sunday 10am-1pm.

LifeScan marketing director Dr Jonathan Emmerson also believes in the sector as one with plenty of opportunity for pharmacists to offer services. However, he expresses concern that pharmacists aren't aware of the category's value. According to Dr Emmerson, the total blood glucose monitoring market is worth £150 million, which includes the meters and the strips. He says this could translate to roughly £12,290 for each pharmacy.

Mr Lovatt agrees, saying that it's important to have the stock available too. Roche's research found that of the 4 per cent of the diabetes patients who aren't able to get their test strip prescriptions dispensed easily at their pharmacy, 23 per cent will go somewhere else. And half of those who weren't able to get their meter easily will go somewhere where they can, the research found.

The new pharmacy contract offers pharmacists the opportunity to offer as many services as they can in conjunction with the primary care team to help diabetes patients manage their disease, he adds. "Monitoring and understanding results, medical advice and in the future even changing doses and oral therapies" are areas in which pharmacists can get involved, Dr Emmerson believes.

Transferring the responsibility for monitoring diabetes patients could pay off in other ways for pharmacists too, he says. As diabetes patients consume on average 10-12 more prescription items than other patients for GI disturbance, erectile dysfunction, infections and hypertension for example, there are real retail opportunities for pharmacists.

Knowing your community is another important aspect of this service, adds Dr Emmerson. "Diabetes affects ethnic populations differently. For example, prevalence in the Caucasian population is 2.9 per cent compared to 8.2 for the Bangladeshi population, 7.9 per cent for people of Caribbean origin, 7 per cent for Pakistanis and 6.2 per cent for Indians. If a pharmacy is in an area with a large ethnic population it is likely to have more patients with diabetes."

Continued on page 42 ►

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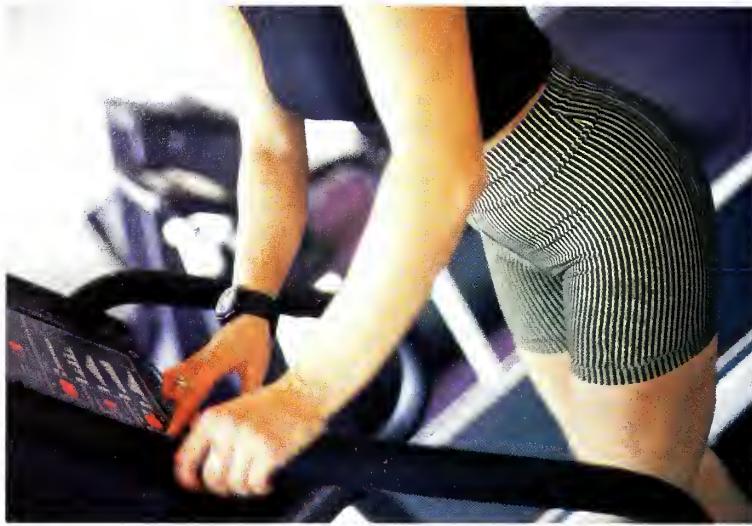
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Your *healthy life* partner



The media regularly mention that the population is unhealthy, with the government fearing obesity as the future, saying that many factors have led to this such as the work hard, play hard lifestyle. Exercise and regular healthy meals have become a low priority as people go for microwave meals and takeaways to fit in with their hectic lifestyles.

However the public are becoming aware of this, leading to an increase in the health and fitness industry. People note that they are not as healthy as before and are attempting to change their situation. Gym memberships and healthy eating are on the rise, along with an increase in purchases of personal diagnostic equipment. People want to know how healthy they are.

Over the years there has been phenomenal growth internationally in the electrical health sector, with blood pressure monitors becoming primary stock within pharmacy. Initially these were purchased by the elderly, however now there is a wider customer base. The consumer is willing to spend on their health for a quality branded product.

This growth attracted Samsung, who have emerged in recent years as one of the strongest electrical manufacturers, spearheading the age of 'digital freedom'. Their philosophy is to find what people need to live a richer and

more valued life, inspiring the leap into healthcare products.

In 1998 Samsung launched their healthcare products in the US, combining innovative technology with an easy to use machine, starting with a range of blood pressure monitors, and in 2003 a range of digital thermometers. With quality in mind there was impressive growth, making Samsung one of the top producers in the US healthcare market and giving them the opportunity to look at other countries.

In mid-2003 Samsung Healthcare launched in the UK, while their brand name was strengthening in the mind of the consumer. Understanding the need for personal service and wanting to keep within their philosophy, Colorama was chosen as the exclusive national distributor and independent pharmacy as the initial retailer.

As the growth in the healthcare market caused an increase in producers of personal diagnostic machines Samsung knew they would need more than just the brand name. Understanding the needs of the retailer and consumer, and keeping in mind the high level of competition in the market, they adopted a similar strategy to the US. Each product was kept simplistic in design and easy to use, but with no compromise on quality, thereby sticking to their valued life philosophy.

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Infrared Ear Thermometer (SET-100): RSP £29.99

Ear thermometers use infrared sensors to measure body temperature in seconds, giving a more accurate readout than a mercury thermometer. This is a particular advantage in dealing with both young and the elderly, as the temperature is taken quickly and with no discomfort.

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Flexible Digital Thermometer (SDT-4F): RSP £5.99

- Soft flexible tip provides added comfort
- Temperature readout within 60 seconds
- Accuracy to one tenth of a degree
- Special tone indicates when temperature is above 37.5 degrees centigrade
- Thermometer recalls last temperature reading
- Switches off if left idle for 10minutes
- Can be used orally, rectally or under the arm

Blood Pressure Monitors:

Measuring blood pressure at home is widely recommended by doctors, as it could be the difference between life and death for people suffering from hypertension. It is essential to take the reading in a controlled relaxed environment, avoiding outside influences such as stress and physical activity, thereby giving a more accurate reading.

Fuzzy Logic Blood Pressure Monitor (SBM-300F): RSP £69.99

- Deluxe fuzzy logic technology reduces likelihood of error readings
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- Display shows pulse and blood pressure reading simultaneously
- Stores up to 8 measurements in memory
- Rolling motor pump offers quiet inflation

**Upper Arm Blood Pressure Monitor (SBM-500S): RSP £59.99**

- With 4 level adjustable inflation rate
- Large LCD panel shows blood pressure and pulse separately
- Automatic power shut-off

**Wrist Blood Pressure Monitor (SBM-200): RSP £49.99**

- One touch operation
- 3 row large display shows pulse and blood pressure simultaneously
- Stores 40 readings in memory
- Automatic power shut-off



Market diagnosis? Healthy

Already in 2004 we have seen the launch of new blood glucose meters from Therasense with its mini FreeStyle meter, Bayer Diagnostics' Ascensia Contour and Lifescan's OneTouch UltraSmart. In addition, Roche Diagnostics has updated its Accu-Chek Advantage meter. Designed to appeal to very different patient populations, the meters have their own unique features.

Therasense is targeting the difficult teenage market with a small unit that it hopes will appeal to self-conscious teenagers. It claims it is the world's smallest blood glucose monitor and it comes in a compact carrying case.

Lifescan's OneTouch UltraSmart is designed for diabetes patients who want to monitor their blood glucose levels closely to spot trends and patterns. Users can even track factors that could influence their blood glucose levels such as food, exercise, medication and general health. An electronic logbook stores the data for analysis.



Roche Diagnostics has updated its Accu-Chek Advantage blood glucose meter to include extra safety features. The meter now includes a hypo indicator alert to indicate that blood glucose levels are below the users' pre-set limit. In addition, the meter has extra memory, time/date back up for when the battery is low and a facility for flagging special days that Roche claims allows users to manage their diabetes more easily. The smaller and lighter meter still uses the Advantage II strips.

Next month Roche Diagnostics is launching a new

testing strip to complement its Accu-Chek Compact range. It is the first strip in the range to offer alternate site testing (AST), which means that users can test their blood from the palm of their hand or forearm, for example, if they are extra sensitive or use their fingers regularly on keyboards or musical instruments.

However, for some patients, AST is unsuitable. Those who have been recently diagnosed with diabetes, or have a history of one of more severe hypoglycaemic episodes, or anyone after a meal or medication when blood

glucose levels are changing rapidly should continue to use their fingers as the testing site.

Bayer Diagnostics claims that its Ascensia Contour is the only single strip system to have automatic coding (calibration), which reduces the risk of user error. Multiple

test sites can also be used, such as the underarm, stomach, thighs or hands. The meter can also store up to 240 test results, which can be downloaded to a computer and used by the healthcare team.

Last month Braun brought out its latest wrist blood pressure monitor, which is available exclusively through pharmacies. The Sensor Control BP 2550 makes sure that it is in the right place to take accurate readings by using "unique positioning technology", claims Braun. With each reading, the monitor records BP, pulse rate, time and date up to a maximum of 60 entries.

Future prognosis

Surely there isn't anywhere else for the market to go in pharmacies? Wrong. Just in the last few weeks, the national press has carried stories of new diagnostic products that will be launched in pharmacies over the coming months.

One that received a lot of media coverage was a testing kit for parents to check whether their teenagers are taking illicit drugs. Produced by Hunter Diagnostics in Ireland, the 6DS1 6 Drug MultiTest is now available for pharmacists to sell over the counter in the UK. It can identify cocaine, amphetamine, metamphetamines, opiates, cannabis and benzodiazepines in the urine with 99 per cent accuracy, the company claims.

"The test will give kids the excuse to say no to their peers if they say their parents are using it to test them for drug use," says company spokesman John Mullee. It has a flipside too, he adds, saying that teenagers'

Continued on page 44

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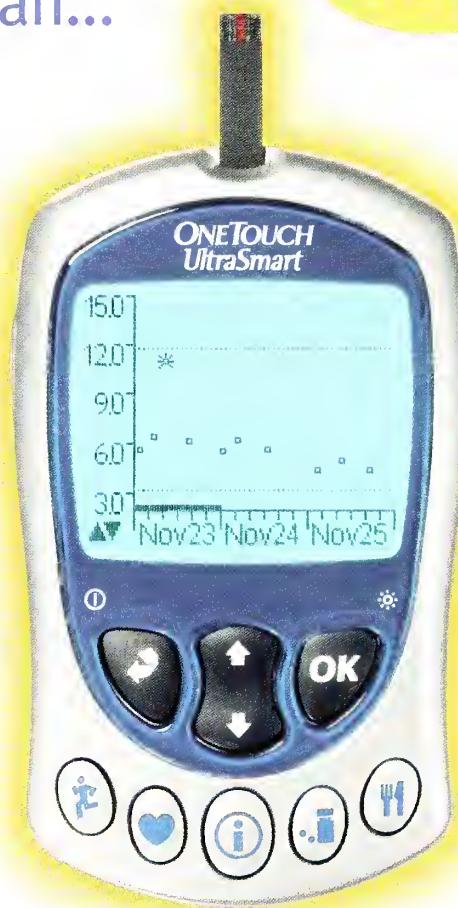


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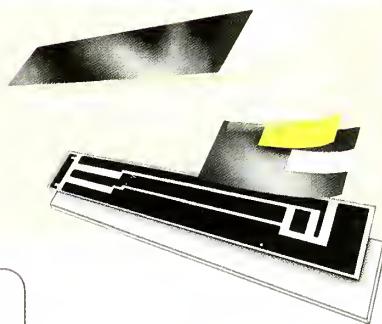
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freedom can be regained when there is proof that parents' suspicions of drug use are wrong. The £12.67 test has a magenta validity line to check proper use, similar to pregnancy tests. The test is removed from the pouch, the protective cap removed and the strip ends dipped into the urine sample up to the maximum level. The magenta check line should appear in each panel next to the letter C. If another magenta line appears in a panel next to the letter T, this indicates that the test is negative for that drug.

Hunter Diagnostics assures us that P medicines containing decongestants such as pseudoephedrine (ie Sudafed, Benadryl, Benylin) will not show up positive on the amphetamine test. Likewise, products containing codeine and paracetamol such as Nurofen Plus, Benylin and Solpadol will not show up on the opiate test as long as they are used at the prescribed dose. If this class of medication is being overused, it may give a positive result. However, if co-dydromol or dihydrocodeine are being used on a regular basis, the opiate test may show positive.

Hunter is planning to launch two other tests to the market in September, which Mr Mullee says will be in the food and health and safety areas, something that the company is very excited about.

Testing for the menopause is a new diagnostics opportunity being promoted by a company whose products are relatively new in the UK. CST Medical is the company behind Vielle female sexual dysfunction

products. Aimed at women over 40 who are experiencing unusual symptoms such as forgetfulness, irritability and restlessness and night sweats, the Vielle Menopause Home Test Kit claims to allow women to discover whether or not they are approaching the menopause without having to consult their GP. Within three minutes, women can get a 98 per cent accurate result, the company claims. Discovering the cause of their symptoms can be reassuring and prevent women from months of suffering, the manufacturer suggests. There are health benefits to being aware when the menopause has started as during the five years following the menopause bone loss in women is at its highest rate, explains the company. The oestrogen drop increases women's risk of developing heart disease, it adds. The kit, currently available online and direct from the company, will be available in pharmacies from September at the current price of £14.95 for two tests.

Medicine management

Over 100 PCTs are currently involved in medicines management schemes alongside 480 pharmacies and 10,000 GPs, according to the Department of Health. It claims that 20 million people will make better use of their medicines as a result of these initiatives.

Some pharmacists have found such initiatives to be very successful. One such pharmacist is Nirmish Patel from Greengate Pharmacy, Leicester. Although Mr Patel's medicines management clinic ran for only 10 days, it gave him an insight into what life could be like when a new pharmacy contract comes into effect.

Mr Patel ran Health Check – an initiative where his customers could receive free medical checks for their BMI, blood pressure, blood cholesterol and glucose levels. GSK helped him out with locum cover and diagnostic equipment including a sphygmomanometer and the blood pressure, glucose and cholesterol tests.



Over 100 PCTs are currently involved in medicines management schemes alongside 480 pharmacies

Eighty people were booked in over the two days and, probably more impressively, they all attended. About 10 per cent of those seen were referred on to their GP for further investigation.

Mr Patel was pleased with the result and confident about the future. "I believe with the forthcoming new pharmacy contracts and with the changing face of pharmacy, not only is this extended role the future of pharmacy, but one of the many roles pharmacists can provide in years to come."

Greengate Pharmacy is part of the Gordon Davis group and superintendent pharmacist Stephen Rycroft approved of the initiative too. "The Greengate Health Check initiative worked on a number of levels. Most importantly it improved patient access and choice, and demonstrated that there is a demand for this type of service through community pharmacy to meet the changing needs of patients.

"Secondly, it enabled our pharmacist to enhance his public health/healthy lifestyle promotion role and gave him an excellent opportunity to advise patients and health professionals on the safe and effective use of medicines..."

"It also benefited the pharmacy business, attracting customer interest and raising the professional profile of their pharmacist. Footfall and sales increased significantly during the two days of the initiative, including the sale of blood pressure monitoring machines, glucose monitors and nicotine replacement therapy."

Wholesale planning

Some of the wholesalers are preparing for the prospect of medicines management services becoming more widespread. Mawdsleys is gearing up for the launch of its own programme as retail services director John Davies explains. "The Mawdsleys' medicine management programme will be designed to meet pharmacists' specific local needs which we believe is the only

effective way of delivering complex additional programmes to pharmacists' customers which are both professionally satisfying and profitable."

The company has staff who are monitoring existing medicines management pilots. "As soon as a robust model emerges within each PCT, we will be supporting our

customers in developing best practice pharmaceutical care," he says. "When bidding for the funding of an additional service, the position of the independent owner/manager is particularly vulnerable. Lack of time and expertise place them at a disadvantage against the resources available to the larger and more aggressive pharmacy groups. Mawdsleys' already comprehensive range of commercial support services will expand naturally into support and marketing for professional services in our customers' pharmacies. Specifically this may include advice in preparing bids for funding, in understanding and reacting to changes in pharmacy contracts, support in raising commercial funding for the redevelopment of businesses and project management through all of these processes."

For more information:

www.accu-check.co.uk
www.hunterdiagnostics.co.uk
www.viellemenopausetest.com

Olde worlde meets the new

The Olde Pharmacy in Wandsworth, London, is more forward thinking than its name suggests. The pharmacy and its pharmacist Lara Laundon (right) was awarded one of the first LPS grants to carry out medication reviews in the elderly.

So far Lara has seen 55 patients aged over 65 who are on four or more medications. She is hoping to increase this number to over 100 patients in the coming months. In addition, Lara is doing follow-up reviews with patients she has seen before, which is turning out to be a valuable task, she says. "The patient's doctor might not have followed up from their medication review and this way I can catch up and identify lots of things that might not have been seen to."

Hoarding medicines is the biggest problem that Lara has identified since beginning the project, she says. "One lady's carer came to see me and revealed that she hadn't taken any of her medication for six months. She was confused and didn't know why she should be taking all these drugs." Ignorance of their condition and the need for taking medication is the major reason behind hoarding, believes Lara. "It's such a waste," she adds.

But it's not just the patients who have not been doing their bit, GPs haven't been quite up to scratch, too. "One thing I noticed was every single patient was not being monitored correctly for cholesterol levels or blood pressure. As part of the project we have interim meetings with the PCTs where I told them that monitoring of these patients is sparse or non-existent."

Being one of the first to set up such a project must have been difficult and Lara admits that no support was available and it would have been useful to discuss problems with others in the same position. However, she feels that despite minor teething problems in the early months, the project as a whole is a success. "As I was one of the first, I knew I wouldn't be able to sound ideas out with others."

After deciding which questions to



One lady's carer came to see me and revealed that she hadn't taken any of her medication for six months

ask, outlining the care plans and mapping out how the project was going to run, Lara could get to work on actually meeting the patients whose medication she intended to review. This wasn't without its own teething problems, though. "Early on, I'd book appointments and I'd go to their home and the patient wouldn't be there. They'd have forgotten and gone out! Now I always phone the day before to remind them about their appointment."

Organising your time is a difficult, and sometimes the most frustrating, aspect of the review project, says Lara. "It took a long time to get it all up and running," she admits. "And I didn't envisage having to do so many home visits." All the hard work appears to be paying off in the end, though, because "the patients think the service is fantastic", says Lara. "The questions take about 90 minutes to answer and the patients are pleased that someone is taking an interest in them and their health and that I give them useful

information. They feel that their GP rushes them."

The local GPs have been responsive too – in their individual ways. "One GP prefers me not to send over the patients' careplans but to have a meeting where he can input the changes straight into his PC. With another GP, I send the careplan to him but he doesn't reply. But I know it is being done because the patients tell me they've been called in for a blood pressure check. Another surgery acknowledges receipt and then returns the careplans to me."

The personal satisfaction from running the project and the enhanced professional standing it has brought are evident. "I feel like I'm making a big difference and I feel good about what I'm doing. Patients look at me in a different way. 'She cares about what I'm taking and it's important I do take the drugs when I'm supposed to.' I also talk about diet, alcohol consumption and smoking cessation and they begin to think I care about them."

The project is now permanent and ongoing, but the PCT can terminate it at any time. Nevertheless, Lara feels

that setting it up from scratch has given her a head start on the services requirements for the new pharmacy contract. "Now I have the formula I can use the format for diabetes or coronary heart disease services. I honestly think this is where pharmacy is going. We are going to be a service-led industry."

The big issue is going to be time management and we may be employing a locum who would be based in the pharmacy while we were carrying out these services. We as pharmacists have to do it. The sooner you get on board with this and sort out the logistics the better. If you don't get on board now, you'll be left behind."

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Applications for tender

Department of Health - Home oxygen therapy service Reference: CM/PHS/04/2559

In June 2003, the Department of Health announced plans for introducing an integrated (cylinder, concentrator, liquid oxygen and ambulatory oxygen) home oxygen therapy service during 2005. The service is to be provided in England under contracts let on a regional basis after competitive tender. In accordance with good practice, the Department has advertised for expressions of interest in tendering for these new service contracts in the Official Journal of the European Union. The closing date for receipt of expressions of interest is 20 June 2004.

Wales may also be a party to this contract. Further details on how to register interest can be obtained from the NHS Purchasing and Supply Agency as follows:

Steve Davies E-mail:
steve.davies@pasa.nhs.uk

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Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – pharmlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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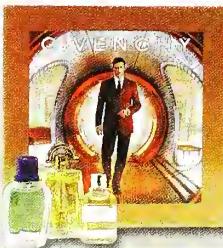
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United Co-op Healthcare Group has announced the appointment of **Duncan Costin** as pharmacy development manager. Mr Costin will be responsible for expanding the company into new areas and applying for NHS dispensing contracts. He joins from Boots where he was NHS contracts manager.

The Proprietary Association of Great Britain has appointed **Kirstie Pace** as media and public relations manager, where she will be responsible for PAGB's communications strategy and programmes, the Health Supplements Information Service and the Consumer Health Information Centre. Ms Pace was previously with healthcare agency Spink Consumer Relations.

Lynne Henshaw has been appointed customer marketing



Clockwise from top left are Lynne Henshaw, Brian McCrory, Rolf Stahel and Kirstie Pace

controller for Numark Trading Ltd. The customer marketing department has been created as part of Numark's personnel and structure reorganisation programme. Ms Henshaw has joined from Crookes Healthcare where she was national account manager.

The immunology therapy company Norwood Immunology has announced the appointment of **Rolf Stahel** as non-executive chairman. Mr Stahel has 37 years' experience in the healthcare industry, most recently as chief executive of Shire Pharmaceuticals from 1994 until last year.

Brian McCrory has been appointed business development manager at pharmacy IT solutions provider Systems Solutions. For the past two years Mr McCrory has worked as an independent business consultant for several technology companies.

The pharmacist, the chancellor and the novel

German chancellor Gerhard Schroeder has prevented the printing of a novel in which a disgruntled pharmacist kills the chancellor.

Mr Schroeder took out an injunction on the grounds that the face on the book's cover closely resembled him. The storyline, centring on pharmacist Hans Hansmann shooting the chancellor because he blames government policy for the failure of his business, has not been disputed.

Publisher Betzel said "The End of the Chancellor - The Last Shot" written by Reinhard Liebermann would be reprinted with a different cover, despite being described as "tasteless" by German critics.

Goldshield/Antigen donation tops £200,000

Following the donation to the Bulgarian Red Cross (Chemist & Druggist 1 March 13, p50), Goldshield Pharmaceuticals and Antigen International Pharmaceuticals have donated over £200,000 worth of pharmaceutical products to the Jordanian Red Crescent.

Pharmacy staff screen patients at temple

Pharmacy assistants Ihatel Patel, Anisa Alli and Sunil Patel from Medicine Box Chemist, Leicester, were among staff providing a health screening service at the local Sikh temple last weekend.

Around 350 patients aged 35 and over had their blood pressure, weight, cholesterol and blood glucose levels checked, and local GPs were on hand to discuss the results. Patients were encouraged

to see their own doctor for further investigation if needed.

Medicine Box pharmacy owner Unnat Patel was approached for help by GPs who initiated the event, and provided blood pressure monitors and diabetes testing kits for use on the day. He said: "Although the staff were nervous to start with, they enjoyed the day and feel that they really made a difference."



Sunil Patel (pictured left), Anisa Alli (centre of picture below and Hatel Patel (right in picture below) of Medicine Box Chemist provide health screening and advice at last weekend's event



Alcohol-free beer as good as regular beer

Good news for teetotallers who may have been disheartened by the results of recent research into the health benefits of alcohol. A study has been published indicating that the protective effect beer has on the heart may be due to its non-alcoholic constituents, not just its ethanol content.

German researchers examined the platelet effects of consuming beer, non-alcoholic beer or alcohol mixed with water. All three were found to reduce platelet activation and blood coagulation to a similar extent. However, the alcohol-free beer was the only one of the three drinks to reduce the risk of thrombosis.

The lead researcher has said that the findings of this study show how important it is to explore all the constituents of alcoholic drinks, and that more research is needed. Until then, he suggests drinking non-alcoholic beverages to get the health benefits without the negative aspects of alcohol use. So no more using the health benefits of alcohol as an excuse for a tipple. Apologies.



The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 2,000 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

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How to register

Each assistant must be registered for telephone marking and certification at a cost of £41.13. Each assistant will also need access to a training pack. A pack costs £29.38 and can be used by up to four assistants.

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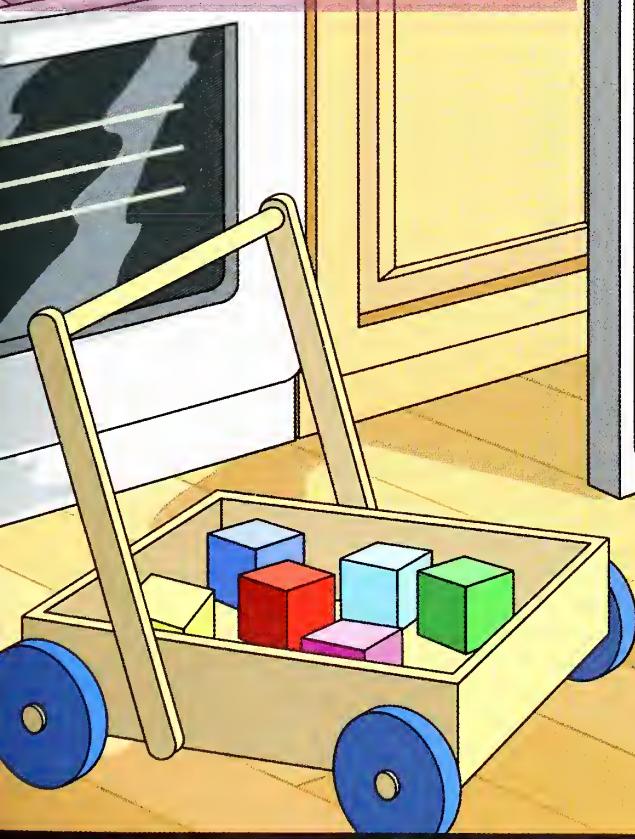
External pain relief explained

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Hayfever and allergy relief is so convenient with Piriteze Allergy Tablets, a once a day medicine from the Piriton family suitable for adults and children from 12 years and up. Piriteze does not normally cause drowsiness, so it's ideal for people with busy, active lives. Now also available as Piriteze Allergy Syrup, specially formulated for adults and children from 6 years and up.



cetirizine

Piriteze Allergy Tablets and Piriteze Allergy Syrup Product Information: Presentation: Tablets containing 10 mg of cetirizine dihydrochloride. Syrup containing 1 mg/ml cetirizine hydrochloride. **Uses:** Symptomatic treatment of perennial rhinitis, seasonal allergic rhinitis and chronic idiopathic urticaria.

Dosage and administration: Tablets: Adults (including the elderly) and children 12 years and over 10 mg daily. Children under

12 years: Tablets not recommended. Syrup: Adults and children 6 years and over 10 ml once daily or 5 ml twice daily. Children under 6 years: not recommended. **Contraindications:** Hypersensitivity to constituents, breast feeding. **Syrup:** Severe renal impairment. **Precautions:** Use half dose in renal impairment. Tablets: Exceeding recommended dose may affect driving or operating machinery. Syrup: Caution in impaired hepatic or renal function. Maintain good dental hygiene. **Interactions:** Alcohol. Syrup: concomitant use of CNS depressants. **Side effects:** Drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal disorders. Tablets: Very rarely convulsions. Syrup: Somnolence.

Very rarely allergic reactions. **Legal category:** Tablets: GSL (7 tablets) and P (30 tablets). Syrup: GSL. **Product licence number:** Tablets: PL 00289/0388. Syrup: PL 00289/0595. **Product licence holder:** Approved Prescription Services Ltd, Brampton Road, Hampden Park, Eastbourne, BN22 9AG, England. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Package quantity and RSP:** 7 tablets £3.99, 30 tablets £8.79, syrup 70 ml £4.99. **Date of last revision:** February 2004. **Piriton** and **Piriteze** are registered trade marks of the GlaxoSmithKline group of companies.



beauty COUNTER

22 Age concerns
Lesley Keen explores how we can try to stop the ravages of time showing on our faces

39

43 Behind the counter
Verity copes with tiny tantrums



24 Your starter for 10
We quiz Patsy Palmer and her colleague Charlotte Cutler on their fake tan range



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Presentation. Germoloids® Cream and Germoloids® Ointment contain 6.6% zinc oxide and 0.7% w/w lidocaine hydrochloride. Germoloids® Suppositories contain 283.5mg zinc oxide and 13.2mg lidocaine hydrochloride. Germoloids® Suppositories and Ointment Duo Pack contains Germoloids® Suppositories and Germoloids® Ointment.

indications: Symptomatic relief of pain, irritation and itch associated with haemorrhoids (piles) and pruritus ani (anal itching). Dosage and Administration. Germoloids® Cream and Ointment Adults: Apply to internal and/or external area at least twice a day with minimum of 3 to 4 hours between applications. Maximum of 4 times in 24 hours. Children

under 12: Not recommended without medical supervision. Germoloids® Duo Pack Ointment same as above but for external area only. Germoloids® Suppositories and Germoloids® Duo Pack Suppositories. Adults: Insert one suppository into rectum morning and night. Minimum of 3 to 4 hours between suppositories. Maximum of 4 suppositories in 24 hours. Children under 12: Not recommended without medical supervision.

Contraindications: Hypersensitivity to any of the ingredients. Warnings and Precautions: Persons who continually suffer from haemorrhoids or have severe haemorrhoids or excessive bleeding should consult a doctor. Side Effects: Very rarely increased irritation and burning at site of application. Rarely, rashes. Use in Pregnancy: No definitive evidence of safety, however

the active ingredients have been in wide use for many years without any apparent ill consequence. Caution should be exercised and directions for use must be followed. Medical advice should be sought. Cost: Germoloids® Suppositories 12 £1.95, 24 £3.44; Germoloids® Cream 25g £2.02, 55g £3.44; Germoloids® Ointment 25ml £2.02, 55ml £3.25; Germoloids® Suppositories and Ointment Duo Pack 15ml ointment, 12 suppositories £3.57. MA Number: Germoloids® Cream PL0010/0265; Germoloids® Ointment PL0010/0266; Germoloids® Suppositories PL0010/0264. Germoloids® Duo Pack PL0010/0277. MA Holder: Bayer plc, Consumer Care Division, Newbury, Berkshire, RG14 1JA. Legal Category: GSL. Date of Preparation: May 2004. Registered trademark of Bayer AG.



talk



Cancer Research UK, launching its Kids Cook quick campaign, tells us that a third of UK parents admit that their child has been sunburnt and more than 40 per cent like to see their children with a tan.

But I thought I'd heard it all when, after everything that has been said about the importance of protecting children's skin from the sun, a school confiscated a little boy's bottle of sun cream.

One reason given was that staff did not have time to supervise the application of sunscreens and mention was made of having 'chemicals' in school. Things have obviously changed since my schooldays, when there were far more noxious substances to be found lurking in the chemistry and biology labs than ever went into a bottle of sunscreen.

What made the confiscation completely inexcusable was the fact that

the boy's older sister was quite prepared to help him apply the product to his very fair skin.

His mother was understandably outraged when he emerged from school and told her that he had not been able to protect himself in the sun because the sunscreen had been taken away from him. When the family appeared on GMTV, it seemed the school, the governors and the local authority were standing firmly behind the confiscation.

If a mother is responsible and caring enough to make sure her little boy has protection from the sun at an age when it is so important, surely his school should make every effort to support her?

Perhaps the local authority with ultimate responsibility for this bone-headed policy should take a look at Mary Allen's excellent feature (see p18) to see what could be in store for children who spend too long in the sun without protection.

Lesley Keen

'Days, weeks and months'

June and July are busy months for health campaigners and among the special 'days, weeks and months' coming up are:

JUNE

- Everyman Male Cancer Month, www.icr.ac.uk/everyman/
- National Osteoporosis Month, www.nos.org.uk/
- British Heart Week, June 5-13, www.bhf.org.uk
- For Relief of Glaucoma Awareness Week, June 7-13, www.gla.org.uk
- Saving Newborn Lives - Neonatal Death Awareness Week (SANDS), June 13-19, www.sands.org.uk
- Diabetes Awareness Week 13-19, www.diabetes.org.uk
- Child Safety Week, June 21-27, www.childsafetyuk.org
- Deaf Awareness Week, June 21-25, www.deafblind.org

JULY

- Alzheimer's Awareness Month, July 4-10, www.alzheimers.org.uk
- Donor Day, July 12, www.uktransplant.org.uk
- Gut Week 2004, July 19-25, www.gutweek.co.uk

Sheila and Iris clock up 70 years behind the counter



LEFT:
Pharmacy assistant Sheila Keighley has celebrated 40 years of service at Rowlands Chemists, Prestatyn. Pharmacist Melissa Martin presented Sheila with a silver photograph frame to mark the occasion. Looking on are colleagues (from left) Alison Kemp, Kelly Jones and Janet Edwards

RIGHT: Iris Alexander was given a memorable send-off when she retired after almost 30 years at the Co-op Pharmacy in Chadwell Heath. Iris, 68, an assistant at the Rose Lane branch, was presented with gifts including vases, flowers and vouchers. One colleague, Marilyn Fragle, wrote a poem, which she framed. "It was a lovely send-off, I was overwhelmed with it all," said Iris, pictured (centre) with area manager Joyce James and manager Jeff Lincoln



If you're reaching a milestone anniversary in pharmacy, drop us a line and send a picture, if you have one, to: *Over The Counter*, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

Mum's the word

A quarter of British men still turn to mum when it comes to dealing with health worries, according to a new survey.

The poll was part of the campaign 'Pop down to your local' launched by Developing Patient Partnerships (DPP) to encourage men to make more use of pharmacies.

Almost half the men questioned would go to their wife or partner for health advice, but only 3 per cent would use the pharmacy for general advice.

A worrying 14 per cent did not ask for pharmacy advice because they believe that pharmacists are not qualified to deal with their problems.

Campaign materials can be downloaded from www.dpp.org.uk, www.nap.co.uk or www.rpsgb.org.uk

Allergy goes on show at Olympia

One in three people in the UK suffers from allergies of some kind – and a new exhibition offers a three-day showcase for products, services and seminars.

The Allergy Show, which takes place on June 18-20 at Olympia in London, is organised by Palace Gate Communications. The company was set up by two friends, Jonathan Shaw, who had the idea for the show while dealing with his son's infantile eczema, and exhibition organiser Jonathan Scott.

The show aims to bring together knowledge, products and advice to help improve the quality of life for sufferers. Around 100 exhibitors will be showcasing a broad range of allergy products from air purifiers and antihistamines, through cleaning and complementary therapies to peak flow meters and pet allergy sprays.

There is also a programme of seminars on topics including food allergy, hay fever, asthma



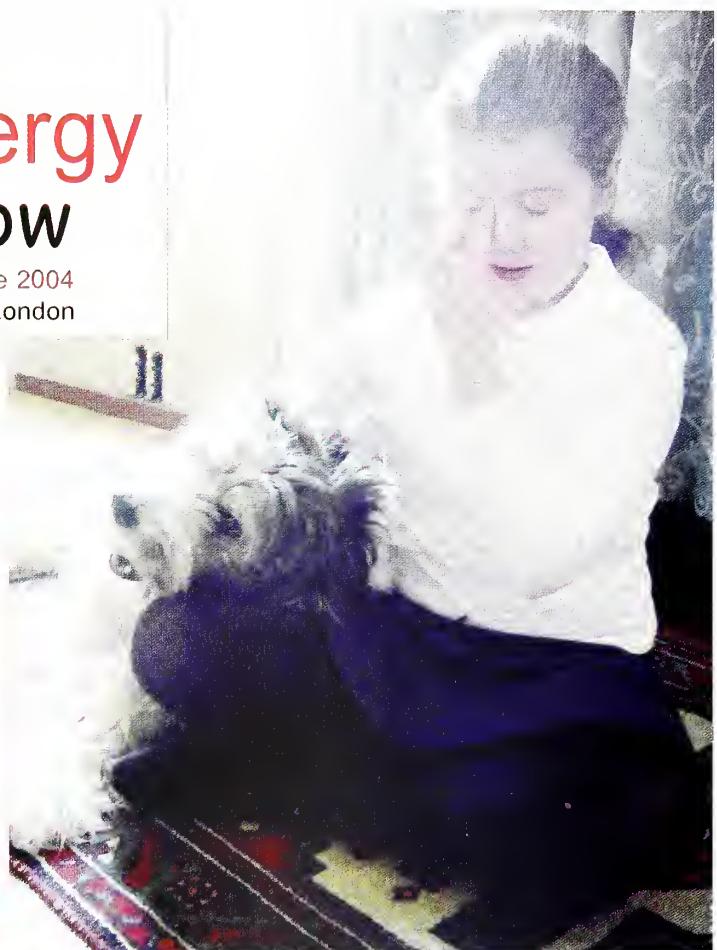
The Allergy Show

18-20 June 2004
Olympia, London

in children, emollients and wet wraps, minimising allergens in the home, and latest allergy research.

FREEBIE!

If you would like to find out more about allergy at the show, tickets are £9 each (£6 if booked online at www.allergyshow.co.uk) but we have 50 pairs of tickets to give away free to *Over The Counter* readers. Just send your name and address on a postcard to: Allergy Show Ticket Offer/OTC04, Little Battenhurst, Battenhurst Road, Stonegate, East Sussex TN5 7DU to arrive no later than June 11.



Dr Phil's in training

The first in a new series of Care training evenings for pharmacy staff is taking place at Stockport on June 15. Learning with Care involves



typical pharmacy scenarios being acted out in front of the audience and commented on by a psychologist. The scripts are written by Dr Phil Hammond, the GP and media comedian.

The evening, which is open to counter assistants, pharmacists and dispensers, aims to examine ways of interpreting customer behaviour in the pharmacy and reacting positively to it. It starts at 6.30pm and is followed by a buffet supper at 8.30pm.

All delegates will receive Care products for the bathroom cabinet and a certificate of attendance. Further information is available from Julia Daniels on 01904 702542.

Do you support the quitters?

The search is on for this year's Smoking Cessation Supporter of the Year. The award is open to pharmacists and other health professionals, and recognises individuals or teams who have made an impact on their local smoking cessation services.

The award will run alongside the Quitter of the Year Award, and both are sponsored by the charity QUIT and the NRT brand Nicotinell. Last year's Supporter award winner was Nilesh Shah, of Bell Pharmacy, Princes Risborough, Buckinghamshire, who has had to train more members of staff to cope with the increased demand for his service.

Application forms can be obtained by calling Quitline on



0800 002200 or by logging onto www.quit.org.uk. The closing date for entries is June 11.

Health Perception is 'Ransomed'

William Ransom & Son has added Health Perception to its growing Ransom Consumer Healthcare business.

The company bought Health Perception from its founding shareholders for £7.8 million.

Health Perception's portfolio includes a range of glucosamine supplements and it is estimated to command 40 per cent of this growing market. Its other brands include Cognito Energy, Seredrin,

Allimax and Omega Plus.

It will be run as an autonomous business as part of Ransom's healthcare division and Health Perception's chief executive, former Olympic swimmer David Wilkie (right), will report directly to William Ransom's chairman Tim Dye.

Since 2001, Ransom has also acquired Cariad, Radian B, Metanium, Valderma, Pavacol-D, and Pickles skincare products.



Are you an Over The Counter winner?

Congratulations to these readers who are winners of the quizzes and giveaways in the last issue.

Bottles of champagne go to the following **Test Your Knowledge** winners: **Babycare** – Denise Mooney, of Lloydspharmacy, Erdington, Birmingham; **hay fever** – Mrs M McNamara, of V Turner's, Worthing; **travel health** – Ann Martin, of Mastaa Care, Dagenham, Essex; **pain relief** – Mrs J Smith, Boots the Chemist, Fakenham, Norfolk; **lipcare** – T Fish, of AM Clark, Penistone.

Free packs of Wassen's Bodymax supplement go to:

Caroline Toon, of Rossett Pharmacy, Wrexham; Julie Bolton, of GP Roberts, Burnage, Manchester; Fehmida Jumani, of Asda pharmacy, Leytonstone; Joy Edwards, of Rowlands Pharmacy, Wrexham; A Archibald, of Newton's Pharmacy, Hull; Sharon Higher, of Rowlands Pharmacy, Kettlethorpe, Wakefield; Jean Halliday, of Ridgway Chemist, Rugby; Elizabeth M Jenkins, of Lloydspharmacy, Aberaeron; Margaret Goudie, of Rowlands Pharmacy, Cumbernauld; Miss T Bonner, of Huddersfield; Mrs I Rigg, of J Wood Pharmacy, Cumbria; Sarah Dow, of Rowlands Pharmacy, Bournemouth; Kelly Millman, of Lloydspharmacy, Seaton, Devon; Margaret Edwards, of Rowlands Pharmacy, Wrexham; Gita Karia, of Superdrug Pharmacy, Harrow; Donna Tighe, of E Moss Ltd, Barnsley; Amanda Kyte, of Tesco Pharmacy, Chichester; Karen Oliver, of Cohens Chemist, Rochdale; Ann Haley, of Rowlands Pharmacy, Darlington; Pat Roberts, of Nicholsons Pharmacy, Widnes; S Rowe, of Moss Pharmacy, Sheringham, Norfolk; Viv Pollock, of NCC Chemist, Dunoon; Sandra MacDougall, of NCC Chemist, Dunoon; Heidi Campbell, of Co-op Pharmacy, Saltash; Miss K Walker, of Huddersfield.

WebWatch

New business-to-pharmacy website from GSK

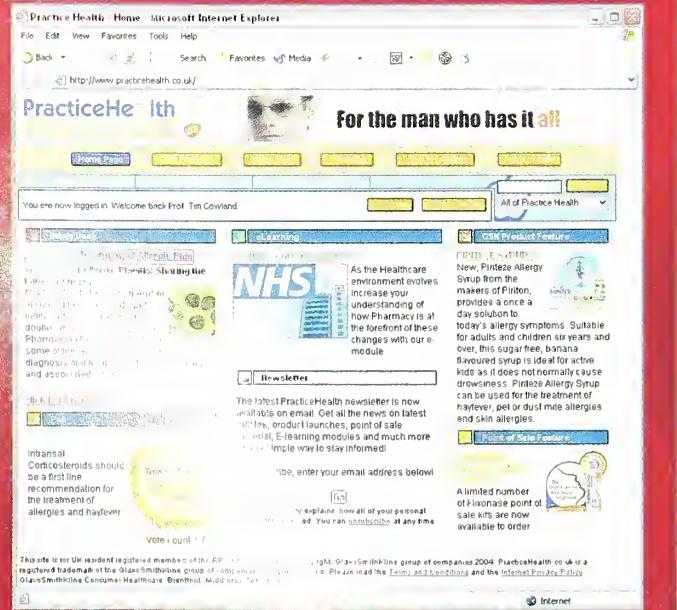
GlaxoSmithKline consumer Healthcare has launched [PracticeHealth.co.uk](http://www.practicehealth.co.uk), a new website for pharmacy.

The site, which is exclusively for pharmacists and pharmacy undergraduates, includes sections entitled Industry News, Your Workplace, Product Information, POS Centre, Advertising Gallery and E-learning. Visitors will be able to access key opinion leader

articles, practical advice, product information and follow links to other related sites.

GSK says the launch demonstrates the company's continuing investment in pharmacy and expects the site to become an important point of reference to help pharmacists meet the needs of their increasingly challenging roles.

www.PracticeHealth.co.uk



www.PracticeHealth.co.uk

Reveal all online

The 2004 Durex Global Sex Survey is now online at www.durex.com, asking people all over the world to reveal their deepest sexual secrets and attitudes.

More than 150,000 people completed the survey last year, with Eastern Europeans revealed as the most sexually active and the news that people all around the world have sex an average of 127 times a year.

This year's survey covers a range of issues such as sex education and sexual lifestyle and includes new questions which have been commissioned for this year's study.

It will also reveal whether David Beckham and Jennifer Lopez remain the sexiest celebrities.

Everyone from the UK who completes the survey will be entered into a free prize draw to win a weekend for two in Paris.

To thank all those who take part in the survey, Durex is donating one million condoms to good causes as part of its commitment to improving sexual health across the world.

Bazuka® is on TV with the campaign that made it

the undisputed No 1*



- For a painless answer for warts and verrucas
- No need for plasters
- Nothing you can buy is more effective

bazuka that verruca

IMS February 2004

KA Trademark and Product Licences held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD1 7JJ, UK. **Indications:** For the treatment of warts, verrucas, warts, corns and calluses. **Directions for use:** For adults, the elderly and children: Once daily apply one or two drops of the gel to the lesion and allow to dry, taking care to avoid the normal surrounding skin. The following day, carefully remove the dried patch and apply fresh gel. Once every week, before re-applying fresh gel, gently rub the treated surface using the emery board provided. Continue treatment until the lesion is resolved. This may take up to 12 weeks for certain verrucas and warts. **Contra-Indications:** Not to be used on the face, neck, intertriginous or anogenital regions, or by diabetics or individuals with poor circulation. Not to be used on mucous membranes and from cuts and grazes. Avoid spreading onto normal surrounding skin. Do not use excessively. Avoid inhaling vapour and keep cap firmly closed when not in use. **Avulsions:** Do not use on skin that is abraded, cut or torn. Do not use on skin that is in contact with plastics and other materials, as it may cause damage. **Side-effects:** Some mild, transient irritation may occur, but in cases of more severe irritation or inflammation, treatment should be discontinued. **Storage:** Store in a cool, dry place. **Caution:** Bazuka Extra Strength Gel are highly flammable - Keep away from flames. Store at room temperature, not exceeding 25°C. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY** **Category:** P **Packs:** Bazuka Gel (PL0173/0161) - 5g RSP £4.95 (£4.21 exc. VAT). Bazuka Extra Strength Gel (PL0173/0154) - 5g RSP £5.75 (£4.89 exc. VAT).

on the

COUNTER

Build-Up looks and tastes even better



Nestlé's Build-Up brand has undergone a major transformation with new pack designs, improved recipes with added fibre and an even better taste.

The new packs are designed to communicate the unique appeal of Build-Up in terms of nutrition and taste. The pack front features a more positive, consumer-friendly lifestyle image and mixing instructions have been improved.

Soluble fibre, shown to have benefits in cholesterol reduction and in helping to control blood sugar in diabetics, has been added to each variant. The additional fibre acknowledges concerns

about constipation, especially in elderly consumers.

The new look, part of a two-year brand renovation campaign, benefits from a £1.5 million marketing spend. This year's consumer and healthcare professional programme will see distribution of packs to dietitians and nurses along with sampling, shelf-talkers and coupons. Consumer and healthcare advertising is also planned.

Build-Up offers four instant drinks, four soups and Instant Hot Chocolate.

Nestlé Nutrition, Tel: 020 8667 5130

Lamisil's cool solution to athlete's foot problem



Novartis Consumer Health

has expanded the Lamisil athlete's foot range with Lamisil 1% Gel, which is also indicated for dhobie itch and ringworm.

The smooth, white gel, containing terbinafine 1%, combines the cooling effect of a gel with the soothing effect of a cream. It is a once-a-day, one week treatment for athlete's foot and its non-greasy formulation is ideal for hairy body areas. Easy to rub in and pieced unfragranced, Lamisil 1% Gel (15g, £5.99) is quickly absorbed, quick drying and non-staining.

Novartis says Lamisil is the only OTC product range with primary fungicidal activity. A spray and a GSL cream are also available.

Novartis Consumer Health, Tel: 01403 210211

Aquafresh has new zone of influence

Three new toothpastes in the Aquafresh range are blended from a fusion of fresh mint and revitalising essences which GlaxoSmithKline Consumer Healthcare says "create a new brushing experience".

The three variants each have their own flavour and sensory appeal: Aquafresh Refresh Zones offers mint refreshment fused with apple; Revive Zones has mint quench with watermelon and Wakey Wakey Zones has mint invigoration fused with lemon.

While retaining the Aquafresh brand heritage, the Zones products (75ml, £1.99) are packaged in green, pink and lime, with plenty of white space on the pack.

The launch is supported with a £1.2 million package including initiatives to encourage trialling and a national TV campaign in September.

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637



Biofreeze out

Lanes has launched new Biofreeze, a cold therapy to ease muscle pain. The cryogel contains natural menthol and ilex (yerba mate) to aid full penetration of the pain relieving ingredient. Available in tube or roll-on, Biofreeze retails at £8.95.

Lanes, Tel: 01452 507458

Slimming aid

Helix Slim, the herbal slimming aid from Bioforce, is now available in tablet form. Containing organic fresh extract of Jerusalem artichoke, the tablets retail at £8.99 for 60 and users should take three per day for 12 weeks for best results.

Bioforce UK Ltd, Tel: 01294 277344

Menopause help

New from KiwiHerb is Black Cohosh and Sage, which is formulated to combat common symptoms of the menopause including irritability, mood swing, hot flushes, night sweats, reduced libido and lack of concentration. A pack of 60 capsules retails at £21.75. **KiwiHerb, Tel: 020 8961 4410**

Non-stop Pampers

New Pampers Active Fit have been redesigned with stretchier sides, super-grip tapes and a 20 per cent wider waistband at the front for a non-stop perfect fit. The new design is being supported with TV and press advertising, direct mail and in-store support. Pampers Active Fit come in four sizes and three pack sizes.

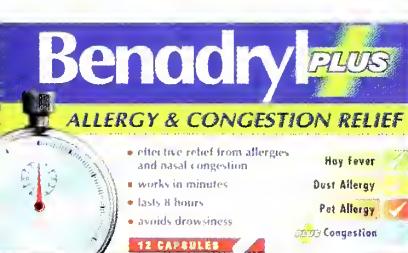
Procter & Gamble, Tel: 0800 013 5000

SOLVE CASES FAST WITH BENADRYL®



CASE #1

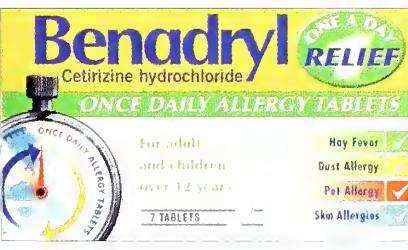
For a high-speed solution Benadryl Allergy Relief is active in just 15 minutes: no other non-drowsy* allergy 'tablet' works as fast.



Acrivastine & Pseudoephedrine

CASE #2

When a blocked nose is involved Benadryl Plus is the only non-drowsy* allergy relief with added decongestant.



Cetirizine Hydrochloride

CASE #3

Benadryl One a Day Relief: Just one tablet for non-drowsy* relief all day.



Cetirizine hydrochloride

CASE #4

For kids aged 2+, Benadryl Allergy Oral Solution is the number one* OTC non-drowsy* children's allergy syrup. Available in great tasting banana flavour.

Pfizer Consumer Healthcare

WHEN WE SAY IT'S FAST, WE MEAN IT'S FAST

www.allergyadvice.co.uk For Pollen Alerts text: Pollen to 85080**

*Acrivastine/Cetirizine, at the recommended dose, do not cause drowsiness. However, some cases of drowsiness have been reported. **Initial message costs up to 10p plus VAT. To unsubscribe from subsequent free alerts text 'stop' to 85080. †Information resources, A11 IRI HBA outlets Unit and Value sales, 52 w/e 21 Feb 2004.

BENADRYL ALLERGY RELIEF PRODUCT INFORMATION: Presentation: Acrivastine 8 mg. Uses: Allergic rhinitis. Dosage: Adults and children aged 12 – 65 years: One capsule up to three times a day. Contraindications: Hypersensitivity to acrivastine or tripolidine. Significant renal impairment. Precautions: Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely drowsiness. RRP (ex-VAT): 12s. £4.35 (£3.70); 24s £7.55 (£6.43). Legal category: P. PL holder: Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. PL number: 15513/0035. Date of preparation: July 2003.

BENADRYL PLUS CAPSULES PRODUCT INFORMATION: Presentation: Acrivastine 8mg and pseudoephedrine 60mg. Uses: Allergic rhinitis. Dosage: Adults and children 12 – 65 years: One capsule as necessary, up to three times a day. Contraindications: Hypersensitivity to any of the ingredients or tripolidine. Severe hypertension, significant renal impairment or severe heart disease, those who have taken MAOIs in the preceding 14 days. Precautions: Diabetes, hyperthyroidism, heart disease, hypertension, glaucoma or prostate enlargement. Patients taking sympathomimetics, antihypertensives, and tricyclic antidepressants. Effects of alcohol or other CNS depressants may be enhanced. Advise not to undertake tasks requiring mental alertness. Pregnancy & lactation: Not recommended. Side effects: Rarely skin rash, drowsiness, urinary retention or CNS excitement. RRP (ex-VAT): 12s £4.99 (£4.25); 24s £8.99 (£7.65). Legal category: P. PL holder: Pfizer Consumer Healthcare, Eastleigh, Hampshire SO53 3ZQ. PL number: 15513/0017. Date of preparation: July 2003.

BENADRYL ONE A DAY & BENADRYL ONE A DAY RELIEF PRODUCT INFORMATION: Presentation: Cetirizine 10mg. Uses: Symptomatic treatment of rhinitis and urticaria. Dosage: Benadryl One A Day. Adults and children 6 years and over: One tablet daily. Benadryl One A Day Relief. Adults and children aged 12 years and over: One tablet daily. Contraindications: Hypersensitivity to any of the ingredients. Precautions: As with other antihistamines avoid excessive alcohol consumption. Pregnancy & lactation: Not recommended. Side effects: Occasionally headache, dizziness, drowsiness, agitation, dry mouth, gastrointestinal discomfort. RRP (ex-VAT): Benadryl One A Day, 14 £7.95 (£6.77); Benadryl One A Day Relief, 7 £4.45 (£3.79). Legal category: Benadryl One A Day, P. Benadryl One A Day Relief, GSL. PL holder: UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire WD18 0UH. PL number: 08972/0032. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. Date of preparation: July 2003.

BENADRYL ALLERGY ORAL SOLUTION PRODUCT INFORMATION: Presentation: Solution containing 1mg/ml Cetirizine hydrochloride. Uses: Seasonal allergic rhinitis, perennial rhinitis and chronic idiopathic urticaria. Dosage: Adults and children 12 years and above: 10ml once daily; Children 6 – 11 years: 10ml once daily or 5ml twice daily; Seasonal allergic rhinitis only: Children 2 – 5 years: 5ml once daily or 2.5ml twice daily. Contraindications: Hypersensitivity to any of the ingredients. Do not use in pregnancy or lactation. Precautions: Reduce dose by half in cases of renal insufficiency. Avoid excessive alcohol consumption. Side & adverse effects: Occasionally drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort. Very rarely convulsions. Price (ex-VAT): £4.99 (£4.25). Legal category: P. PL holder: UCB Pharma Ltd, 3 George Street, Watford, Hertfordshire WD18 0UH. PL number: 08972/0033. Further information available from Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, Hampshire SO53 3ZQ. Date of revision: January 2004.

on the

Nicorette gets a new coat

Pfizer Consumer Healthcare is launching a coated mint-flavoured gum into its Nicorette NRT range.

Pfizer says taste can influence the success of a quit attempt and new Nicorette Freshmint gum, in 2mg and 4mg strengths, has an improved, fresher flavour. The company says its taste tests revealed that the new flavour lasted longer than other selected gum brands and testers were likely to have more pieces of Nicorette each day than other gums tested.

For maximum benefit, consumers should use the 'chew-park-chew' technique. This means chewing the gum until the flavour is strong, then parking it between the cheek and gums until the taste fades,



then repeating until the flavour has disappeared.

The launch is being supported by a £6.5 million marketing and promotional campaign during 2004 which will include national TV advertising, a poster campaign, consumer and healthcare PR and high impact

point of sale material for pharmacies.

Nicorette Freshmint 2mg retails at £4.84 for 30, £13.27 for 105 and 4mg is £5.95 for 30 and £16.16 for 105.

Pfizer Consumer Healthcare,
Tel: 01304 616161

Centenary collection

Scholl celebrates its 100th anniversary with a new generation of footwear in its Autumn/Winter Collection 2004. The clean and simple designs feature natural colours and stronger textures. A new Massage range has a ribbed footbed to massage feet and improve circulation and Scholl has reintroduced its Driving Shoes.

Scholl Customer Care,
Tel: 0161 654 3025

Always getting better

Always Ultra pads have been improved to feature a more absorbent, blue lockaway core, giving even better protection. Procter & Gamble is investing £3 million in TV and press activity and a massive sampling campaign.

Procter & Gamble,
Tel: 0800 013 5000

briefs

Sensor control

Braun has launched the new Sensor Control BP 2550 wrist blood pressure monitor. The new monitor (£69.00) features positioning technology to ensure that it is in the right place for consistent and accurate readings. Its large buttons and display make reading results simple.

Braun, Tel: 0800 783 7010

Antistax gels

Boehringer Ingelheim has launched Antistax Cooling Leg Gel. The non-greasy gel (125ml, £5.49) contains red vine leaf and is formulated to cool and soothe legs rapidly. The launch is supported with TV advertising worth £1.3 million until the end of July.

Boehringer Ingelheim,
Tel: 01344 424600

Getting in touch

Benadryl is mailing 6,000 independent pharmacists this hay fever season. The mailing includes a treatment diagram to help pharmacists recommend the correct Benadryl treatment for individual customers and there is a competition to win one of three digital radios.

Pfizer Consumer Healthcare,
Tel: 01304 616161

Outstanding new look for Andrews

Andrews Salts has been relaunched with a new look which modernises the brand and enhances shelf standout.

The new pack features a swirl icon, first introduced on the recently launched Andrews Plus +, which was designed to emphasise refreshing effervescence and efficacy.

Andrews Salts retains its familiar blue livery in contrast to the orange of Andrews Plus + and the new look aligns the two

more closely.

Andrews Salts is available in tubs of 150g (£2.75) and 250g (£3.75) and Andrews Plus + is in single dose sachets in packs of five (£2.19) and 10 (£3.49).

GlaxoSmithKline
Consumer
Healthcare,
Tel: 0845 762 6637



Extreme Clean goes the whiter way

GlaxoSmithKline Consumer Healthcare plans to build on the success of its Aquafresh Extreme Clean toothpaste with the launch this month of Aquafresh Extreme Clean White.

The new toothpaste combines the invigorating, deep clean sensation of Extreme Clean with a whitening formula, offering consumers 'a whiter way of

experiencing extreme clean'.

The company is supporting the Extreme Clean sub-brand with a £1.3 million multimedia campaign including a further burst of the

'Showerbox' TV commercial.

Aquafresh Extreme Clean White is packaged in a distinctive transparent carton and is available in 100ml tubes retailing at £2.49. Extreme Clean is in 50ml and 100ml tubes at £1.49 and £2.49.

GlaxoSmithKline
Consumer Healthcare,
Tel: 0845 762 6637





Insect repellent doesn't have to be greasy. It doesn't have to be sticky. It doesn't even have to smell like a chemical factory.

Welcome to the Autan Family range. No preservatives. No artificial colouring. Just a fragrant lotion that contains Aloe Vera. Importantly, it'll keep mosquitoes at bay for up to four hours. So when a swarm of customers come flocking to your door, you'll know which brand to recommend. For more information call 0800 353 353 or visit www.autan.co.uk

Autan. You love it. Mossies hate it.

sc Johnson

A FAMILY COMPANY

on the

Germoloids ads target women



Germoloids' largest ever press advertising campaign is targeting women, including expectant and new mums.

The campaign, which runs until the end of the year, features innovative and striking creatives targeting each group. The ads will be seen in key women's monthly and weekly magazines as well as pregnancy and parenting titles. They feature a cartoon illustration of a woman putting her bottom into a fridge, reinforcing the cooling

benefits of Germoloids' anaesthetic properties and showing what women may be driven to, in order to ease the pain and irritation of piles. The ads are strongly branded and have the strapline 'the bottom line is, it works'.

The brand has also developed a new pregnancy and piles leaflet, which is being distributed through 'New Mum' Bounty packs.

Laser Healthcare,
Tel: 01202 449700



New Advantage from Roche

Roche Diagnostics has updated its Accu-Chek Advantage blood glucose meter with new styling and new safety features.

The new version is the result of consumer research and now has a hypo indicator alert which displays an icon to warn when blood glucose levels fall below a customer-set limit. Memory is increased, allowing customers to manage their condition more easily, with flags for special days and low battery back-up. It is smaller, lighter and has rubber grips for easy handling.

As it uses the existing Advantage II strips, there is no need for users to change their prescription. The new Accu-Chek Advantage retains its price of £7.00.



Flixonase, containing fluticasone propionate, was switched from POM to P last year.

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Accu-Chek Careline,
Tel: 0800 701000

Steaming launch

Avent has launched the Express iQ Electronic Steam Steriliser (£50.00), which it describes as the first in a new generation of intelligent products, allowing baby feeding equipment to be sterilised faster and more safely than ever before. The Express takes just six minutes to sterilise up to six Avent bottles and has an internal rack to take the Isis breast pump. It comes with three feeding bottles, one 3m+ Avent Magic Cup with handles, a bottle brush and teat tongs.

Avent, Tel: 01787 267000

Zirtek on TV

UCB Pharma is supporting Zirtek with a £1 million consumer campaign, including TV advertising. The ads are on terrestrial, satellite and cable TV this month and next.

UCB Pharma, Tel: 01923 211811

Flixonase gets up close and personal

Flixonase Allergy Nasal Spray benefits from a £1.35 million national press and poster campaign this summer.

The press activity, which runs until mid-July in major national newspapers, is supported by a two-week outdoor bus stop campaign at locations close to pharmacies. The creative uses single colour, high impact, close-up photography to create three executions – flower, dog and grass. The line "get closer to nature" is followed by the strapline "the most effective once a day hay fever relief".

The ads coincide with new point of sale material and ongoing educational initiatives.

Galsud makes it easier

Galpseud Tablets are to be relaunched with a new, larger, new pack and a major new addition to the range promised for later in 2004.

The changes come as a result of consumer research and the new blue shaded pack is designed to have distinct consumer appeal.

The name is changing to Galsud, which is easier for consumers to understand, pronounce and ask for in the pharmacy. Galpseud Linctus will be repackaged and renamed later in the year, alongside the new product launch.

Galsud is an oral, sugar-free

nasal decongestant containing pseudo-ephedrine hydrochloride. Available in a 24-tablet pack (£2.99), it relieves nasal, sinus and upper respiratory congestion without causing drowsiness. The



Linctus is suitable for those over the age of two years.

Thornton & Ross,
Tel: 01484 848200

How you can help restart *their* natural rhythm

What is constipation?

Constipation is a common ailment that affects many people at some time, and can leave your customers feeling as if their body's natural rhythm is out of sync.

When the body is working as it should, energy and nutrients are absorbed from food as it passes through the digestive tract. Waste then moves through the colon and eventually passes out of the body. Constipation occurs when this natural system falls out of balance, due to factors such as a lack of fibre, a change in routine, dehydration, pregnancy, old age, or even some medicines.

Recognising the symptoms

Your customers may find talking about constipation difficult. Listen out for other phrases they might use to indicate constipation, such as they are 'having trouble going', or are 'going to the loo less than usual' or they are irregular, bloated, sluggish or 'out of sorts'. If you aren't sure that they are describing constipation, always check with your pharmacist.

Getting things moving again

There are two main ways of relieving constipation; changing diet and lifestyle, and getting a little extra help from a laxative. See the boxes for more information and advice for your customers.

Types of laxative

Bulking agents	Soften and increase the size of the stool by absorbing water into the bowel over 24-36 hours
Osmotic laxatives	Soften the stool by pulling water into the gut. Work over 48 hours
Stool softeners/lubricating agents	Either soften the contents of the bowel or lubricate movement along the digestive tract
Stimulant laxatives	Assist the colon in moving contents through the bowel. Dulco-lax Tablets and Dulco-lax Perles are both types of stimulant laxative that work conveniently after 6-12 hours

Discreet and convenient, Dulco-lax Perles are tiny capsules containing sodium picosulfate and are as easy to swallow as a small tablet. Dulco-lax Perles offer your customers flexible dosing to suit their individual needs, making them ideal for first-time laxative users or mild sufferers. You can recommend Dulco-lax Perles 50s, and your customers can now self-select Dulco-lax Perles 20s from open display.

So, when customers look to you for advice about treating constipation, you can recommend Dulco-lax Tablets or Perles to help restart their natural rhythm.

www.dulcolax.co.uk

Recommend Dulco-lax for gentle, predictable relief

Dulco-lax Tablets and Perles are designed to be taken before bedtime to bring your customers gentle relief in the morning.

Dulco-lax Tablets are the UK's second most popular laxative.* They contain bisacodyl and are coated to work only in the colon where they are needed. You can offer Dulco-lax Tablets in packs of 60, or they are available for self selection in packs of 10 and 20.



Dulco-lax®

Dulco-lax Tablets contain bisacodyl
Dulco-lax Perles contain sodium picosulfate

Dulco-lax Tablets & Perles: product information

Active ingredient: Tablets - bisacodyl 5mg, Perles - gelatin capsules containing 2.5mg sodium picosulfate as monohydrate

Indication: Short term relief of constipation

Dose: Adults and children over 10 years: One to two tablets, or two to four capsules, at night. Children under 10 years should not take Dulco-lax Tablets or Perles without medical advice. Children 4-10 years: One tablet, or one to two capsules, at night. Children under 4 years: not recommended

Contraindications: Intestinal obstruction, ileus, acute surgical abdominal conditions like acute appendicitis, acute inflammatory bowel diseases, hypersensitivity to bisacodyl

(tablets) or sodium picosulfate (perles) or other component, and severe dehydration. **Precautions:** Not to be taken on a continuous daily basis for long periods. Prolonged excessive use may lead to electrolyte imbalance and hypokalaemia, and may precipitate onset of rebound constipation. Diuretics or adreno-corticosteroids may increase the risk of electrolyte imbalance. Antibiotics may reduce laxative action of the perles. Do not crush or chew the tablets, milk or antacids should not be taken within an hour before or after the tablets. Dulco-lax Tablets/Perles should not be taken in pregnancy, especially the first trimester, unless the expected benefit is thought to outweigh any possible risk to the foetus. Not

recommended for breast-feeding mothers. **Side-effects:** Abdominal discomfort (abdominal pain or cramps), diarrhoea, allergic reactions, angio-oedema, and anaphylactoid reactions (tablets), skin reactions (perles) have been reported. **Product Licence Holder:** Boehringer Ingelheim Ltd, Elllesfield Avenue, Bracknell, Berkshire, RG12 8YS. **Presentations and suggested retail price:** 10 tablets £1.19 or 20 tablets £1.99 PL 00015/0240 (GSL) 60 tablets £4.49 PL 00015/0241 (P) Perles 50 capsules £4.59 (P) or 90 capsules £2.99 (GSL) PL 00015/0254. For further product information please see summary of product characteristics. Prepared January 2004.

*Based on sales figure - Source: Information Resources, 52 w/e 27 February 2004

on the

Taking Care to relieve hay fever

A massive consumer campaign to support Care Hayfever Relief Spray and Tablets takes place this summer.

More than 3,000 outward and inward facing illuminated Pharmasite ads for the products feature in pharmacy windows this month and advertorials in leading titles such as *Cosmopolitan*, *Company* and *Zest* will reach an estimated four million potential customers.

Point of sale materials include an eye-catching counter unit for

spray and tablets and customer leaflets in a novel dispenser.

Care Hayfever Relief Nasal Spray contains beclomethasone dipropionate and is suitable for adults aged over 18. It offers 200 metered doses for £4.99. The tablets contain 10mg of cetirizine dihydrochloride for once daily relief of symptoms of hay fever and other allergies.

Suitable for

adults and children over 12 years, a pack of seven tablets retails at £3.49.

Thornton & Ross,
Tel: 01484 848200



MAM's first

MAM is extending its teether range with a First Teether and Saver Set (£4.49). The colourful teething ring is ergonomically designed and extremely light so it is easy for very young babies to hold. It has two textures and is packed with a saver to keep it clean, safe and within easy reach. **MAM (UK) Ltd, Tel: 020 8943 8880**

Clinomyn's facelift

Clinomyn oralcare products have a fresh new look designed for shelf standout and to communicate product benefits of the recently reformulated Advanced Clean & Polish and Smokers Toothpastes. **De Witt, Tel: 01928 579029**

Numark suncare

Numark is launching a new range of suncare products. The range, which is packaged as a healthcare rather than cosmetic line, comprises lotions in SPF 15, 25 and 35, SPF30 mousse for children, an after-sun gel and two self-tan products. **Numark Ltd, Tel: 01827 841207**

Eying Ironmen

Performance eyewear supplier FosterGrant is continuing to sponsor the Half Ironman UK Triathlon. The event is at Sherborne in Dorset on August 22 and some 1,500 athletes are expected to take part. FosterGrant's Ironman range retails at £25.00 and £30.00. **FosterGrant, Tel: 01782 833033**

Buzz about new Beconase sponsorship deal

The Beconase brand starts off GSK's 2004 support for its hay fever and allergy products with

a £300,000 sponsorship of *Sky News Weather* with Beconase Hayfever and

Beconase Hayfever Relief for Adults Nasal Spray.

The campaign is on air until the end of July, with hourly coverage at least 20 times a day on *Sky News*, *Broadcast*, *Sky Active*, *Sky Online* and *Sky Text*. There will be extra coverage on the *Sunrise* spot on five on Saturday mornings and the *Sky News Weather* website.

The creative features the familiar humanised bees, seen discussing pollen and pollen counts.

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637



Triple benefit relaunch for Aquafresh

Aquafresh Multi Action + Whitening toothpaste has been relaunched with an improved formulation, new claims and a new look.

GlaxoSmithKline Consumer Healthcare says the new formula gets teeth whiter faster and keeps them whiter and is designed to appeal to existing customers and attract new users.



The pack has also had a facelift designed to align it more closely to the parent brand. It features cleaner, simpler graphics, incorporates

the new starburst graphic and offers clearer communication of product benefits.

The changes start with the 100ml and 50ml tubes (£1.55 and £2.59), to be followed later in the year by the 100ml pump (£3.09).

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

CYSTOPURIN

POTASSIUM CITRATE

No 1 for holiday cystitis

Research carried out by Roche Products Ltd, the manufacturers of the No 1 OTC cystitis remedy **Cystopurin**, reveals that women are unaware that their behaviour on holiday can dramatically increase their chance of developing holiday cystitis or bikini burn!

The major contributing factors to holiday cystitis are:

- Increased sexual activity
- Increased alcohol consumption
- Dehydration
- Eating more spicy foods
- Chemicals such as chlorine coming in contact with the genital area.

However, the **Cystopurin** survey indicated that most women were unaware of the trigger factors for developing cystitis:

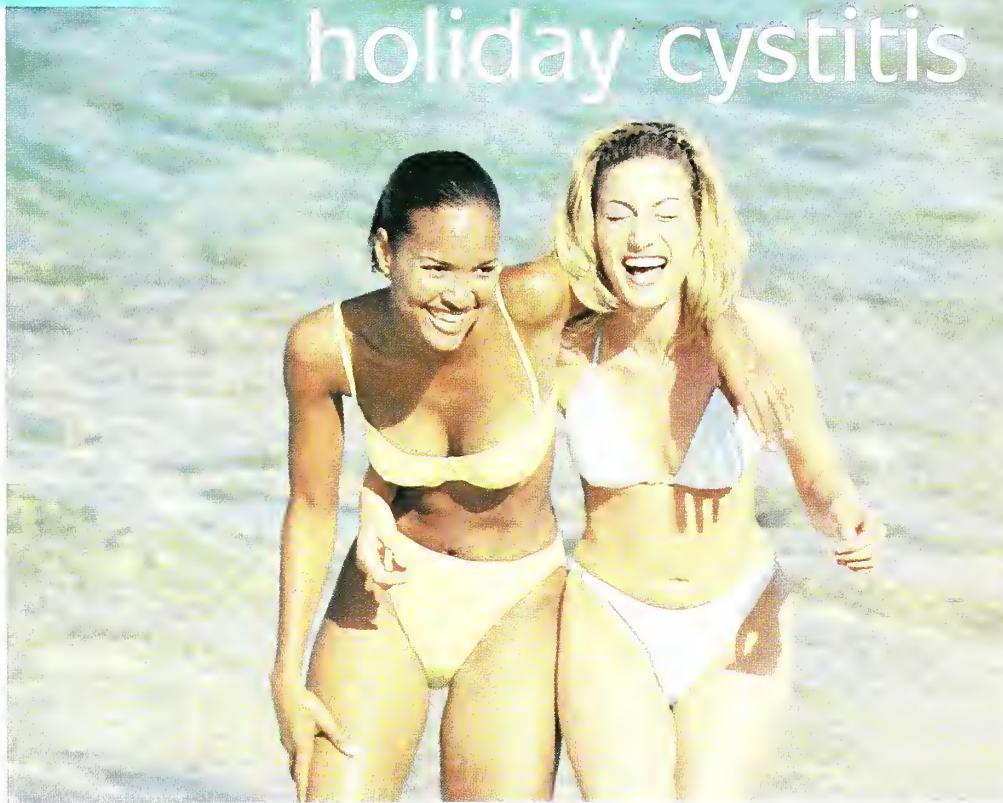
61% didn't realise alcohol was a trigger

20% didn't realise sex was a trigger

77% didn't realise swimming in chlorinated water was a trigger

78% didn't realise foreign food was a trigger

The objective for this year's Cystitis Action Week, 27th June-3rd July, working in close association with the charity Wellbeing, is to highlight the triggers leading to holiday cystitis. This will ensure that women can modify their behaviour to minimise the risks and – most importantly – be prepared.



Cystopurin – the No 1 choice

The unique health benefits of the potassium citrate formulation and benefits of low sodium have made **Cystopurin** the treatment of choice for many cystitis sufferers. The natural cranberry juice extract in **Cystopurin** makes it a favourite with the 50% of women who suffer from this painful condition at least once in their lifetime.

Tips for preventing holiday cystitis.

Drink plenty of water-based liquids to stop your body becoming dehydrated

Try to go to the toilet frequently (even on plane journeys) as holding on can lead to bladder irritation.

Showers after swimming and opt for a sarong rather than a wet swimsuit for lounging on the beach

Don't go overboard on spicy foods and alternate alcohol with water

When travelling opt for loose fitting clothes rather than tight fitting trousers as these can be a source of irritation

Pack an OTC remedy such as

Cystopurin that will help counteract an attack in a few hours

Cystopurin – the market No. 1

Cystopurin is the Cystitis market leader with a significant 41% share of the buoyant cystitis market, currently worth £4.8 million.

Cystopurin is the fastest-growing branded cystitis relief treatment with 21% year on year growth. Chemist sales currently account for around 70% of the total cystitis market.*

Cystitis – further information

For self-help advice on prevention and treatment of cystitis visit

www.cystitis.org

or for a copy of the cystitis leaflet visit

www.wellbeing.org.uk

Cystopurin is a registered trademark.

*IRI data Jan 2004

CYSTOPURIN

Cystopurin: Active ingredient Potassium Citrate. Abbreviated prescribing information. Presentation: sachet containing a pink granular powder containing 3g of potassium citrate. **Uses:** For the symptomatic relief of mild urinary tract infection (cystitis). **Dosage and administration:** Adults: One 3g sachet, dissolved in 200ml of water three times a day for two days. All six sachets must be taken to complete the treatment. Children: Not recommended for children under six. **Warnings and precautions:** Precautions: Intended for short term treatment and patients should seek doctor's advice if symptoms persist after 48 hours treatment. Use with caution in patients with impaired renal function or cardiac disease. Interactions: Concurrent administration of potassium sparing

diuretic or ace inhibitors may lead to hyperkalaemia. The activity of cardiac glycosides is to some extent dependent upon serum potassium levels. Therefore there is a possible interaction and caution is advised. **Side effects:** Potassium salts may give rise to gastric irritation. This can be minimised if sachet contents are well diluted with water and if doses are taken with or after meals.

Use in pregnancy: Although Cystopurin may be taken, medical advice should always be sought when cystitis occurs during pregnancy. **Prices:** (including VAT) RRP £4.35. **Legal category:** GSL. **Product Licence number:** 00031/0418

Product Licence Holder: Roche Consumer Health Ltd, 40 Brookwater Road, Welwyn Garden City, Hertfordshire AL7 3AY. **Date of preparation:** 30/03/2000

on the

Beauty of a launch for Macleans



Three new Macleans products continue moves to align the brand more closely with the health and beauty market.

Macleans Detox toothpaste, Detox mouthwash and Remineralise toothpaste are designed to "reframe the mouth as an essential part of the health and beauty regime".

The Detox fluoride toothpaste

(100ml, £1.99) and mouthwash (500ml, £3.69) contain an active antibacterial formulation to purify and cool peppermint to cleanse and revive.

The Remineralise fluoride toothpaste (100ml, £1.99) contains an active remineralising ingredient which the company says is scientifically proven to intensify the replenishment of minerals which can be lost when acids

formed from sugar and drink harm the tooth enamel. The paste also contains camomile essence and refreshing mint.

A £1.2 million campaign from September will include national press, I-vu sponsorship and PR focusing on the key target audience of high-earning 20-35 year-olds.

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Dealing with denture thrush

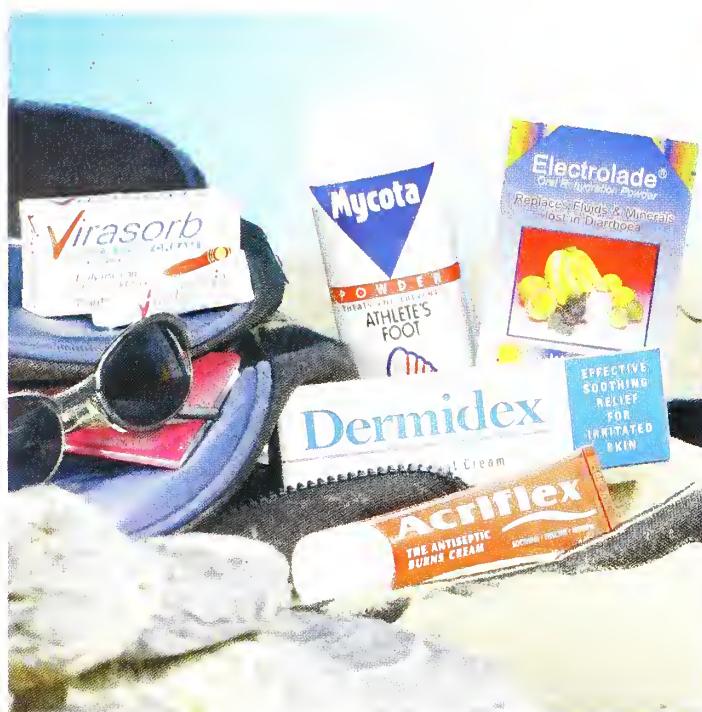
Manx Healthcare has launched Medical Interporous, a denture disinfecting tablet which it says is a "breakthrough in cleansing technology for the treatment and prevention of denture stomatitis".

It is estimated that 65 per cent of the UK's 16 million full or partial denture-wearers will suffer from denture stomatitis (denture thrush) at some time. Current treatments don't resolve the infection on the denture, but Medical Interporous is clinically proven to substantially reduce candida albicans (the main cause of denture thrush), staphylococcus aureus, pseudomonas aeruginosa and the herpes simplex virus.

The tablet is dissolved in warm water and the denture soaked in the solution for 15 minutes.

Manx Healthcare,
Tel: 01926 461628

Travelling Right this summer



As summer holidays are fast approaching, Thornton & Ross says it's time to make sure customers are stocked up on holiday health essentials, especially if they are going abroad.

The company is aiming to make it simple, with its new 'Travel Right' campaign beginning in June, which includes leaflets, leaflet dispensers and

posters for pharmacies.

The company's essential travel items include: Electrolade rehydration sachets, Acriflex cream for insect bites and stings, Virasorb for cold sores, Mycota for athlete's foot and Dermidex antiseptic and local anaesthetic cream for skin irritation.

Thornton & Ross,
Tel: 01484 848200



Mycota stamps out athlete's foot

Mycota, the athlete's foot remedy from Thornton & Ross, is embarking on a major 'Stamp out athlete's foot' campaign this summer.

The campaign includes a new consumer leaflet, presence at major sporting events and advertorials. The brand had a stand at last month's Flora London Marathon Exhibition.

The new leaflet includes information about prevention and treatment of athlete's foot and supplies are available free to pharmacies.

Mycota Cream (25g, £2.09) and Powder (70g, £3.15) both contain undecenoic acid and zinc undecenoate, while Mycota Spray (100ml, £3.49) contains undecenoic acid and dichlorophen.

Thornton & Ross,
Tel: 01484 848200





Time to pump up the volume

Recently reformulated Macleans Pristine Ice Whitening is now available in a 100ml pump. Both whitening pastes and pump formats are experiencing growth and the new product is set to capitalise on both trends.

The new pump (£2.99) will benefit from sustained support designed to reinforce the brand's positioning as an essential part of the health and beauty regime. National press ads and advertising on I-vu both focus on the Macleans Pristine Ice Whitening.

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Sensodyne in trial of strength

GlaxoSmithKline Consumer Healthcare is investing in Sensodyne, with a multimedia campaign and major new sampling initiative to encourage dental recommendation and regime purchase. The activity goes on until the end of July.

The 20-second ad starring an attractive girl drinking water loaded with ice is on TV until mid-June, supported by a 48-sheet poster campaign and national press advertising focusing on new Sensodyne Total Care Extra Fresh.

Dental sampling includes a Sensodyne Total Care Trial Kit with a Total Care brush, Gentle Tape and Extra Fresh Paste (20ml) with advice about sensitive teeth and brand information.



It also contains coupons redeemable against mouthwash, paste and tape. Initially, 25,000 kits will be distributed.

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637

Nexcare newcomers

New from Nexcare are Protect Tattoo Teen Strips and Sensitive Pop Art Strips, designed to encourage older children and teenagers to wear a plaster to cover a wound when they otherwise might not. The Teen Strips (£2.29) are made from a fine breathable film and have a waterproof seal, while the Pop Art Strips (£2.39) are made from a lightweight low-allergy material and have a soft, absorbent pad. Both feature designs which adults and children will enjoy wearing, says Nexcare.

3M is launching a national press and radio PR, press advertising and sampling campaign to promote the new products and raise awareness of the existing product range. Sampling will also take place.

3M Health Care Ltd (Professional Home Care Division), Tel: 07836 737856

Midrid joins Manx Healthcare

Manx Healthcare has acquired the Midrid product licence and brand from GW Carnrick & Co Ltd.

Midrid was previously licensed to Shire Pharmaceuticals, who ceased making the product last year due to manufacturing complications. Manx Healthcare is the former distributor under the Manx Pharma brand.

Andrew Waide, CEO of Manx said: "Midrid is an effective

medicine for the treatment of migraine and throbbing headaches. The product enjoyed Prescription and OTC status and has been greatly missed by many migraine sufferers since Shire discontinued manufacture."

He said the company expected to resolve production issues and looked forward to getting Midrid back on the market as soon as possible.



Manx Healthcare, Tel: 01926 461628

Piriton activity bubbles up

The Piriton hay fever and allergy range is back on air with a £1.7 million national TV campaign supported by posters, press and a major PR drive.

The successful 'bubble' TV ad, focusing on Piriton, empathises with the distress

caused by allergies, while showing that the family cannot be wrapped in cotton wool all summer. Piriton Syrup will be featured in a national parenting press campaign which runs through to July and Piriton Allergy Tablets will be the focus of a poster and bus supersides campaign in the first half of June. Piriton Allergy Syrup features in a programme of

advertorials in national magazines.

PR activity includes a roadshow using the brand's crystal bubble and a competition element, while the House of Allergy exhibition stand will be at next month's Allergy Show on London.

GlaxoSmithKline Consumer Healthcare, Tel: 0845 762 6637



Sun sense

Consultant pharmacist **Mary Allen**, FRPharmS, looks at why for some sun worshippers those golden days may be fatal

Wouldn't it be nice if this summer was like last – all those long hot days and no need to go abroad – just slap on the sunscreen and hope for a Caribbean-like tan?

Sadly, the numbers of people in the UK diagnosed with skin cancer is rising – currently 65,000 each year, 2,000 of whom will die from it. And the sun is a big factor.

Many people will be seeking the sun this summer, and will be asking your advice before they go. They are the sensible ones – others prefer to bury their heads in the sand about it.

There are three main types of skin cancer and one of them, malignant melanoma, is very dangerous. It starts off in the skin, but if not treated early, spreads rapidly to major body organs like the liver and brain and is fatal. Around 6,000 people are diagnosed each year and this type of cancer is on the increase. The number of cases diagnosed each year has doubled in the last decade.

UVA and UVB

Scientists have known for a while that the sun's rays can be dangerous. They also know that sunlight contains two types of ultraviolet (UV) rays – UVA and UVB. They realised some time ago that exposure to UVA causes

ageing of the skin, while UVB was responsible for sunburn.

Although sunscreens contain filters for both

UVA and UVB, they are mostly geared to UVB and protection from burning. Sunscreen sun protection factors (SPF) relate to how long skin covered with sunscreen takes to burn compared with unprotected skin. So, an SPF of 15 indicates that it will take 15 times longer to burn when wearing it.

Exposure to UVB rays increases the risk of two types of skin cancer (basal cell carcinoma and squamous cell carcinoma), so using sunscreens helps to protect against these. However, it is now thought that although

UVA does not cause sunburn, it may increase the risk of the most dangerous skin cancer, malignant melanoma. Because sunscreens are currently less protective against UVA than UVB, this may be putting people at greater risk of developing melanoma, simply because they are lulled into a false sense of security.

In a study published last year, experts at the Mount Vernon Hospital in Middlesex looked at three leading sunscreens with high SPFs and found that although they provided good protection against UVB, they weren't so good when it came to UVA. The experts felt that sunscreens might therefore indirectly increase the risk of developing melanoma, rather than protect against it.

Despite these findings they and other experts do stress the need to use sunscreen but warn not to rely on them alone. Manufacturers and scientists are looking at ways to improve sunscreens to provide better protection against UVA.

Test your knowledge

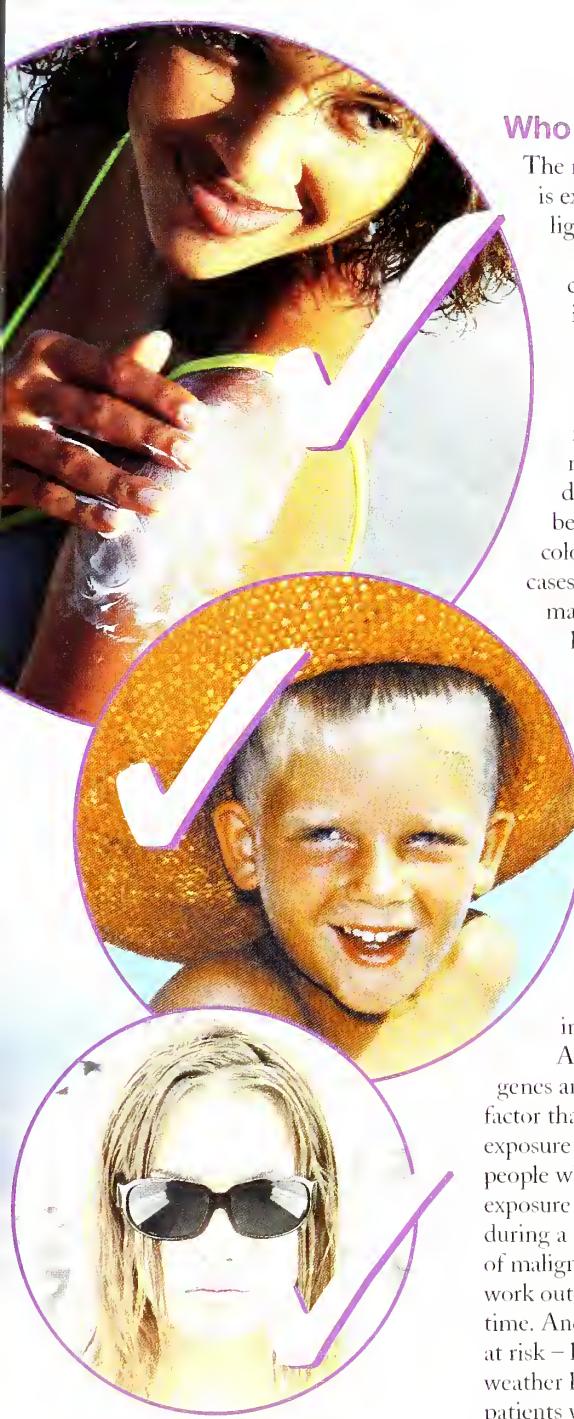
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See page 9

Factors which increase the risk of malignant melanoma

- Having fair skin and blue eyes.
- Having a close relative who has had malignant melanoma.
- Having a lot of moles.
- Having a tendency to freckles.
- Tending to burn easily.
- Being badly sunburned at least once in the last five years.
- Exposing skin only now and again to strong sunlight, such as during an intensive week-long holiday on to sunbeds.



Who is at risk?

The main risk for any type of skin cancer is exposure to the intense ultraviolet light of sunshine.

Malignant melanoma is rare in children under 14, but after this the incidence rises with age. One person in 10,000 per year is diagnosed with malignant melanoma, a sobering thought. Anyone with a close relative who has had malignant melanoma are at more risk of developing it themselves – this may be due to having similar skin colouring, but in around 10 per cent of cases scientists think that faulty genes may be involved. Another risk factor is having a lot of moles – particularly those which aren't regular in shape or colour. People with irregular moles plus a close relative affected with malignant melanoma are at the greatest risk and should be very careful.

Fair skin and fair or red hair are also risk factors. Those fair-skinned people with a tendency to freckles are more at risk.

Darker skinned people have more natural protection but are not immune.

Although we can't do much about our genes and skin colouring, there is one risk factor that we all need to think about – our exposure to the sun. Scientists think that people who have short, sharp, intense exposure to strong sunlight (for example during a fortnight's holiday) are at greater risk of malignant melanoma than people who work outdoors and are exposed most of the time. And you don't have to go abroad to be at risk – like last summer, we do have hot weather here sometimes. One study of patients with malignant melanoma in Scotland – a country not known for its sunshine – found that a third had never been abroad but had sunbathed at home.

Safe from sun damage

- Stay out of the sun and in the shade between 11am and 3pm.
- Wear clothes – long sleeves and long trousers when the sun is hottest and brightest.
- Wear a wide-brimmed or foreign legion style hat.
- Use a sunscreen with SPF15 or more, and plenty of it – don't skimp.
- Wear wraparound glasses with UV filters.
- Don't stay out longer than you would have done without sunscreen.
- Take extra care with children and babies.
- Closely woven fabrics give better cover from the sun than cheesecloth.
- Remember that there's no such thing as a safe tan, so if you must be brown, take it.

ABC of trouble

The jury is currently out on sunbeds. Although manufacturers say they are safe, according to Cancer Research UK, they aren't, because they use UVA.

In some cases, existing moles can become malignant, but most melanomas arise from pigment-producing cells in the epidermis – the outer layers of the skin. Melanomas look like moles but there are some differences. Cancer Research UK uses an ABC approach:

Asymmetry: an irregular shape

Border: the edges or outline of a melanoma

are not usually smooth

Colour: usually varies within the melanoma

Diameter: a melanoma is

Test your knowledge

Win a bottle of champagne with Over The Counter

Check out what you learned in our sun protection feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of the hat on the closing date of June 30 will be the winner.

1 How many people are diagnosed with skin cancer each year?

a 25,000 **b** 45,000 **c** 65,000

2 How many of those are diagnosed with malignant melanoma?

a 4,000 **b** 6,000 **c** 8,000

3 A recent study suggested high factor sunscreens may indirectly increase the risk of malignant melanoma. Which of the following was not one of the reasons given?

a they are less protective against UVA rays than UVB rays **b** they are less protective against UVB rays than UVA rays **c** people are lulled into a false sense of security by the SPF

4 Which of the following increase the risk of malignant melanoma?

a fair skin and blue eyes
b having a lot of moles
c infrequent, intense exposure to sun

5 Scientists think faulty genes may be involved in:

a 2 per cent of cases
b 10 per cent of cases
c 50 per cent of cases

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Sun, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

usually more than 6mm in diameter (about the diameter of a pencil) or has recently increased in size

Elevation: the melanoma is usually raised above the skin surface.

Anyone who is concerned about any of the above should talk to their doctor. Other signs which might indicate a skin cancer include any changes to a spot or mole on the skin including changes in colour, shape or size, bleeding or itching, or becoming ulcer-like.

Early diagnosis of malignant melanoma is very important. While a melanoma is contained within the epidermis it can usually be treated surgically, removing the melanoma and some of the surrounding tissue. If it has spread, then chemotherapy is needed. So, prevention is definitely best.

Sunburn doubles the risk of skin cancer,

Test your knowledge

Sponsored by



as well as being painful. Cancer Research UK's advice is to stay out of the sun between 11am and 3pm and make sure you never burn. If you have to be outside, cover up and use a sunscreen with an SPF of 15 or more.

A wide-brimmed hat helps to protect the face and back of the neck. Children and babies should stay in the shade when the sun is at its hottest, and at other times should wear protective hats. Baseball caps tend to leave the ears and back of the neck exposed. Better to use the 'Foreign Legion' hat.

Anyone out in the midday sun should cover up by wearing long-sleeved clothes and trousers. Closely woven fabrics (like T-shirts) provide better protection than looser (albeit cooler) cloths like cheesecloth. Some children's clothing manufacturers are now labelling clothes with sun protection factors – higher numbers provide more protection. Always wear good quality wraparound sunglasses with UV filters. Wraparounds

are important in preventing harmful rays getting in at the sides. Make sure children wear them too.

Test your knowledge

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Skin
age
19

Sunscreens

Used sensibly, sunscreens are an important aid to preventing sunburn and some skin cancers. The key is to not to stay in the sun for longer than you would without it.

According to Cancer Research UK, cheap sunscreens are just as good as expensive ones – the key things are the SPF and the expiry date. Sunscreens do lose their efficacy over time so always check the expiry date – a sunscreen that has passed its use-by date should be ditched.

Although sunscreens may not yet offer maximum UVA protection, it is still important to look for brands which claim to protect against both UVA and UVB. Some products may claim to be 'broad spectrum'. Cancer Research UK advises an SPF of at least 15. It claims that although higher SPF factors give more protection against UVB, the difference in protection isn't that great for those above SPF15. It reckons that, used properly, SPF15 provides around 93 per cent protection (preventing all but around 7 per cent of harmful rays getting through). Protection increases to around 96 per cent with SPF30, and 98 per cent with SPF60. For people at very high risk, Factor 60 may be worth the extra cost, but staying out of the sun is

Jim's story

Jim was 23 when he died. He was a redhead with freckles and loved the sun. He worked in a department store. When he was 17 he had an "itchy mole" removed from his back. When he was 22 he developed severe back pain and some lumps under his arm. Tests on the lumps showed that the melanoma had spread to his bones, making them crumbly.

Radiotherapy helped a bit with the pain, and Jim had some chemotherapy to try to keep the spreading melanoma at bay. But it was too late.

He spent some time in a hospice where the doctors and nurses were able to get his pain and nausea under control and then, with their support, returned home where his parents looked after him until he died a couple of weeks later.

very important for these people anyway.

Using a sunscreen properly is vital. It should be applied 15–30 minutes before going out in the sun to ensure good absorption. Most people don't use enough, applying it thinly. If you can't see it you haven't applied enough. It is pointless making it last all holiday – for heaven's sake, it may save your life. ©

Suncare products

Malibu's even better value

Malibu has introduced a summer-long price commitment, with all its products reduced to three price bands – £2.99, £3.99 and £4.99, the majority at £2.99.

New products in the range include: High Protection Facial Fluid with SPF15 and four-star UVA rating (150ml, £3.99); Protective Dry Oil Spray for Men (200ml, £2.99) with SPF12; Sun Protection Mousse (200ml, £3.99) in SPF12 and SPF20; Moisturising Self-Tanning Mousse (15ml, £3.99); After Sun Tan Extender (200ml, £2.99); Ice Blue Cooling After Sun Gel (200ml, £2.99).

Malibu Suncare Products International, Tel: 0208 758 0055

New Calypso's tune up for summer

Linco-Care has launched three new products in the Calypso suncare range in time for summer.

Kid's Disappearing Lotion Spray (150ml, £6.99) comes in pink and blue, but colours disappear on application. The four-star UVA-rated spray offers SPF30 protection.

The Hair Care Travel Pack is a clear plastic pouch containing 100ml packs of Conditioning Spray, Hair and Body Shampoo and After-Sun Conditioning Hair Balm.

Self Tanning Spray (150ml, £4.99) has an easy-to-use spray action useful for hard-to-reach areas.

Calypso now also offers its Aloe Vera After Sun Gel in a 400ml size (£4.49) as well as the original 250ml.

Linco Care Ltd, Tel: 0161 777 9229

Edelweiss offers natural protection

Weleda's new Edelweiss Suncare combines time-tested mineral ingredients, organic plant extracts and oils with technical know-how to create a range which won an Innovation award at BioFach 2004 in Germany, where it was launched.

The UVA and UVB filters come from titanium dioxide and zinc oxide to reflect 90 per cent of harmful rays and the products include antioxidant Edelweiss extract, vitamin E carotenoids and carrot and sesame oils. Weleda says the properties which help the Edelweiss plant to survive intense UV exposure are useful in protecting human skin. The range comprises Edelweiss Sun Cream SPF20 (50ml, £5.45); Edelweiss Sun Lotion SPF15 (200ml, £8.45); and After Sun Lotion (200ml, £7.45).

Weleda Retail, Tel: 0115 9448200



Nivea mousse pampers and protects

New from Nivea Sun is Pampering Protection Mousse, a creamy mousse formulated to leave skin silky, smooth and protected.

The water-resistant mousse is available in SPF8 and SPF15 and has a rich, creamy, weightless texture and a non-sticky feel. The new UVA and UVB filter system in the mousse is designed to reinforce skin's natural defences and help minimise the risk of UVA-induced reactions, while vitamin E helps reduce signs of premature ageing.

Nivea Sun Protection Mousse retails at £11.75 for SPF8 and £12.99 for SPF15.

Beiersdorf UK Ltd,
Tel: 0121 329 8800



BEAUTY COUNTER

It's a tough job...

Lesley Keen reports on some of the best products she has tried in recent weeks

I'm officially Beige! I'm still not quite sure it's something to brag about, but that was the verdict of the **Elizabeth Arden** foundation MatchMaker when I went along to the House of Fraser store in Guildford, Surrey, to see what the gadget was all about.

Consultant Lara Milne cleansed a small section along my jaw and placed the business end of the machine against my skin to determine which of the Elizabeth Arden foundations would best match my skin.

The machine allows you to find not only the best colour, but also the best type of foundation for your skin and your lifestyle.

A second check confirmed that Beige was indeed the one for me and a sample of Flawless Finish Bare Perfection Beige applied to my chin proved that the machine does not lie – it was a perfect match.

Lara had also recently taken delivery of a new meter to measure the moisture content of the skin. Readings are taken on the cheeks and near the eye and I was pleased to find that my cheek reading was bang in the middle of the balanced zone, meaning it was not too dry or too heavily moisturised, and my eye area was only marginally in need of a moisture boost.

Taking the foundation consultation meant that I also received samples of the radiance-

boosting Good Morning Serum and Flawless Finish Loose Powder.

* On a short trip to Rye in Sussex last month, I enjoyed some pampering at the Rye Retreat, which uses **Aveda** products. Ayurvedic medicine divides people into five types – Earth, Air, Fire, Water and Infinity – and therapist Karen discovered I belong in the Air category. This helps determine which oils are

after five and a half days.

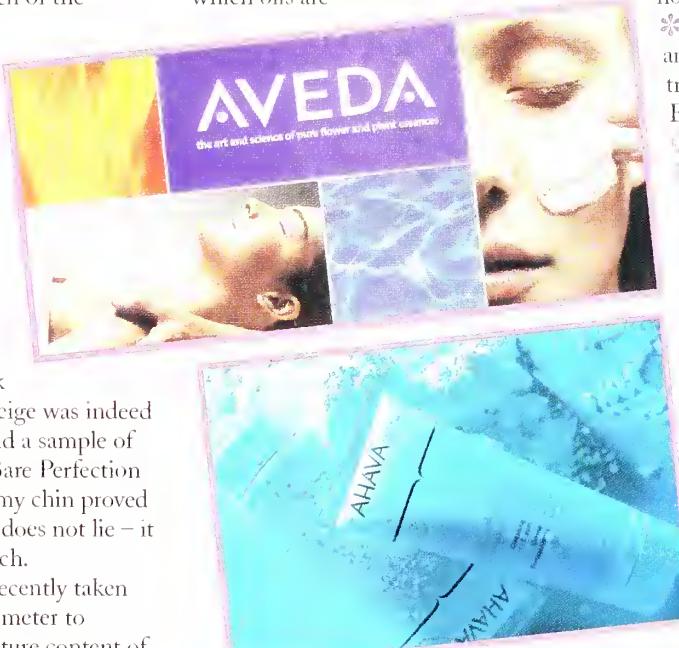
* **Ahava**, the company which makes Dead Sea mineral and mud-based skincare products, has recently launched The Source range, with its patented Mineral Skin Osmoter blend of Dead Sea minerals. I particularly liked the gentle but effective mud exfoliator and the cleansing cream and lotion. The products have a light fragrance which

reminded me of holidays.

* Always game to try an anti-ageing treatment, I found Elizabeth Arden's **Ceramide Plump Perfect** moisturiser more than lives up to its name. The apricot-coloured cream is smooth and luxurious, leaving skin looking plump and pampered. It's by no means a budget buy, but a little does go a long way and it is a treat for the skin.

* We all want to look as sleek and smooth as

possible for summer and I tried out two new **Wool** hair removal products – Express Roll On and the Bladeless Razor Kit. Now home waxing has always been my idea of a treat for masochists, but Express Roll On was perfectly bearable, though it took a few attempts to get the result I wanted. The Bladeless Razor was easier, with a fast-acting hair removal cream gel and the



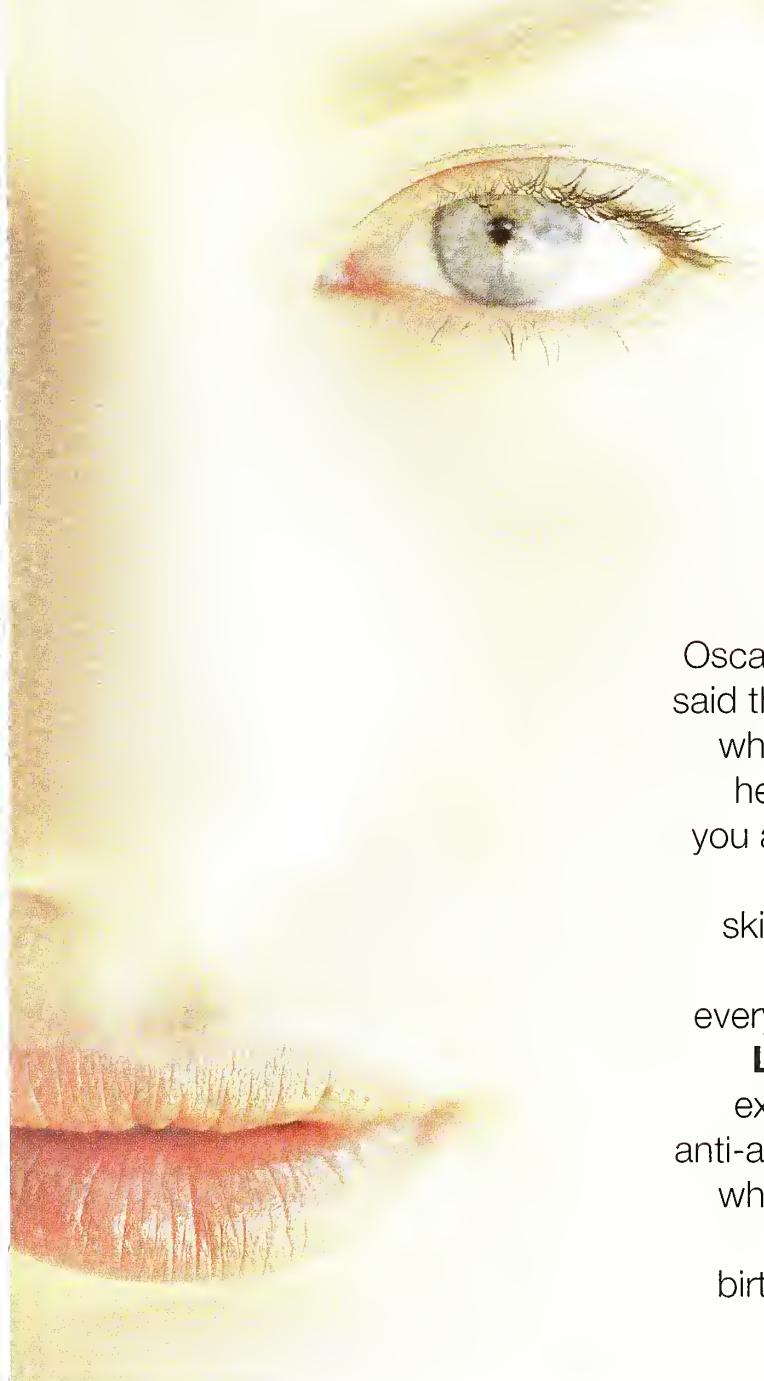
used in the treatments.

A relaxing massage and facial helped get a lot of the knots out of my shoulders and the worry lines from my face. – well, we had just sent the last issue of *Over The Counter* to press! I also had a manicure and pedicure using Naitique products, which lasted well, with the first chip only appearing on my fingernails

eponymous 'razor' to whisk away cream and fuzz with a minimum of fuss.

* **Elta** helps continue the battle against cellulite with its Lipo-Reducing Concentrate, a bright green liquid/gel which is massaged into thighs, bottom and hips for 14 days. I didn't see much change for the first week, but in the last few days my legs suddenly looked appreciably smoother and firmer – and I had lost a welcome couple of centimetres from each thigh!

* I am about to start testing **Lipo Shape**, described as 'underwear extraordinaire' – in fact, a garment best described as body-hugging bloomers – which is worn every day for eight to 12 weeks. Developed by an Italian cosmetic surgeon, Lipo Shape promises to flatten the stomach, remodel the thighs, redesign the hips and lift the buttocks – oh, I do hope so. Watch this space!



Age

mineral supplement as an insurance policy.

And don't forget to drink plenty of water to keep skin hydrated from the inside.

Oscar Wilde once said that a woman who will tell you her age will tell you anything, but what if your skin is shouting your age for everyone to see?

Lesley Keen explores some anti-ageing tactics which may help keep your birthdate secret

I have a beloved aunt, who won't thank me one little bit for telling you that she is in her late 80s. But if you met her you'd find that impossible to believe because she is lively and outgoing, slim and straight, perfectly-groomed - and has the English rose complexion of someone half her age.

She is living proof that a combination of lucky genetics and taking care of yourself can keep you looking and feeling good well past retirement age.

We can't do much about our genes, but there are plenty of self-help measures to keep us looking and feeling younger:

Exercise

Keeping active can help you maintain a more youthful posture and gentle, regular exercise helps keep the body supple.

The Government recently advocated 15 minutes of exercise five times a week, while others say that 30 minutes of exercise, which raises the heart rate, at least three times a

week will help keep you fit. This doesn't have to mean spending your time, and money, working up a sweat in the gym.

Walking is a great exercise and the brisker the pace the greater the benefits. Swimming is also excellent as it gives the body a good workout without undue strain on the joints.

Diet

A poor diet, reliant on fast or processed foods loaded with fat, sugar and artificial additives, can lead to all kinds of health problems and lack of important vitamins and minerals will show up in the skin, which, as the body's largest organ, reflects what's going on inside.

Aside from its serious health implications, obesity can be ageing at a superficial level - have you noticed how much younger someone looks when they have lost a substantial amount of weight?

As it is difficult to obtain all the nutrients we need from even a healthy diet, it may be a good idea to consider a multivitamin and

Sun exposure

Waking up to a sunny day actually seems to make it easier to get out of bed. But over-exposure to the sun can be extremely dangerous (see our sun feature, page 18).

Apart from the life-threatening danger of malignant melanoma, the sun's UVA rays can cause premature ageing, damaging the collagen and elastin which give skin its smoothness and suppleness. A suntan may make us feel good now, but it could be a different story a few years on when we look in the mirror and see a leathery, lined face looking back. Sun damage also helps cause the brownish 'age spots', on face and hands.

Protect your face all year round with a moisturiser with a good built-in SPF and if you are in the sun for long periods, use a high protection sunscreen.

Because sunburn in childhood or teenage years can trigger skin cancer many years later, special attention must be given to children's delicate skin.

Smoking

As well as its danger to health, smoking is very bad for the skin, second only to sun damage, according to some experts.

The toxins and oxidants which smoking introduces into the body ultimately lead to skin becoming drier and less toned and to sagging and wrinkles.

Stress

Stress is just part of today's busy lifestyles, but the stress-relievers we are tempted to use may be the very things which can age the skin. Smoking, binge drinking and comfort foods like chocolate, sugar and caffeine can all show up on your face, so perhaps it's time to try a little meditation, an early night - and vitamin B and C supplements. Ginseng is a natural remedy said to help combat stress.

Skincare

Skin is given its suppleness and elasticity by collagen and elastin. Collagen keeps it firm and plump-looking, while elastin holds the bundles of collagen fibres together and is responsible for ensuring that skin springs



concerns

back to smoothness when it is gently pinched. It is as these become less efficient that the signs of ageing appear.

For those of us without the funds or the desire to go for surgery, effective skincare can keep us looking the best we possibly can for our age.

It's never too soon to start and the skincare routine established in teenage years can last a lifetime, simply substituting the appropriate products for your age and skin condition and adding eye creams, night creams etc as they become necessary. Skin tends to become drier with age, so you may need creamier cleansers, gentler toners and richer moisturisers.

Regular, gentle exfoliation will help slough off the top layer of dead cells and encourage the generation of new ones.

Thorough cleansing is important morning and night to remove all traces of make-up and external pollutants. Toner then removes any remaining traces of cleanser and tightens pores.

Serums or pre-care products deliver an extra boost, offering anti-ageing properties and promoting radiance.

Your moisturiser is probably the most important skincare choice you will make and you will probably try several before you find the one which delivers the best results.

There are a number of special ingredients in anti-ageing products, often patented 'complexes', which help to stave off signs of ageing and minimise existing fine lines and wrinkles. Among the most popular ingredients are:

- **Antioxidants**
- **AHAs**
- **Ceramides**
- **Vitamins**

Antioxidants

These substances help neutralise free radicals, a side effect of sun damage, smoking and bad diet. Free radicals are damaged cells which are linked to many problems from premature skin ageing to cancer.

Antioxidants used in skincare include vitamins C and E, co-enzyme Q10, green tea and grapeseed extract.

AHAs

Alpha-hydroxy acids, also called fruit acids, have a skin renewing effect by helping to remove the top layer of dead cells, so reducing the depth of lines and wrinkles.

Ceramides

These naturally-occurring lipids are rich in moisture and help to support the skin's natural protective barrier, hydrate, exfoliate and retexture.

Vitamins

As well as their antioxidant function, vitamins have other roles. Vitamin A (retinol) is a

skincare can keep us looking the we can

powerful cell regenerator. It is especially popular in night creams as it is difficult to stabilise and degenerates when exposed to light.

Pro-vitamin B5 conditions and moisturises the skin, while stabilised vitamin C can also help stimulate collagen synthesis.

Excellent anti-ageing products can now be found right across the price range, but whether you are paying £10.00 or £150.00, the crucial thing is to find the range which delivers the results you want. ©



Test your knowledge

Win a bottle of champagne with Over The Counter

Check out what you have learned in our anti-ageing feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of the hat on the closing date of June 30 will be the winner.

1 UVA rays can damage the skin's:

- a** collagen
- b** elastin
- c** subcutaneous fat layer

2 As skin ages, it tends to become:

- a** oilier
- b** drier
- c** plumper

3 Antioxidants used in skincare include:

- a** green tea
- b** vitamin E
- c** vitamin B12

4 Alpha-hydroxy acids are also known as:

- a** lipids
- b** ceramides
- c** fruit acids

5 What does an exfoliator do?

- a** removes dead skin cells
- b** moisturises
- c** cleanses

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Anti-ageing, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.



Anti-ageing product

Nivea gives you the boost

From the first signs of skin ageing to the more advanced stages, Nivea's range of anti-ageing products can help you to keep looking younger for longer. The range includes:

- **Anti-ageing Day Cream** with multi-activity AHA and BHA to help remove dead skin cells.
- **Anti-ageing Night Cream** with multi-activity AHA and BHA to help remove dead skin cells.
- **Anti-ageing Day Cream with CREATINE** with multi-activity AHA and BHA to help remove dead skin cells.
- **Anti-ageing Night Cream with CREATINE** with multi-activity AHA and BHA to help remove dead skin cells.





It...is
Real Tan

Your *starter for* 10

In this new Beauty Counter feature, we 'interview' a brand, an expert, a manufacturer or a new product. The new series begins as **Lesley Keen** quizzes actress Patsy Palmer, her best friend Charlotte Cutler and their MD Ken Wells about the hugely successful Palmer-Cutler fake tan brand

1 What was your motivation to start the company?

To produce a range of cosmetics and toiletries that met with the needs of both of us in terms of quality, performance and price, products that we know work and have been formulated for UK complexions.

2 Did any of you have experience in the beauty business before you started Palmer-Cutler?

PATSY: Charlotte and I are great consumers and know what we like. Ken has worked in the industry for over 20 years. He spent 15 years at L'Oréal and was commercial director for Coty-Lancaster before setting up his own company in 1998. Charlotte and I approached Ken in 2000 and Palmer-Cutler was founded, with Ken joining as MD.

3 It was a brave move for best friends to go into business – have there been moments when things have become a bit tense?

CHARLOTTE: So far the plan has worked! Patsy and I are the creative elements of the company. All products have started from our ideas, even down to the names and design of the bottles and labels. Ken has looked after the sales and marketing and the running of the company, increasing distribution from the high profile Selfridges launch in 2003 to national on-shelf presence in Boots, pharmacy, department stores and via online ordering. We are now in discussion with major UK retail on extending the ranges in the bath and body areas.

4 We often see celebrities putting their names to products, but Palmer-Cutler seems different. How important is this personally?

PATSY: Unlike licensed brand names, Palmer-Cutler is our company. Our logo is on every product. PR has been crucial and celebrity endorsement has seen sales rapidly increase. This has enabled the brand to have had meteoric rise in awareness from nil in February 2003 to winning the *Sunday Times* Style Beauty Awards in 2004, picking up awards from beauty magazines and being voted best self-tan on *GMTV's LK Today*.

5 What level of input do you each have as products are developed and what are the main brand values?

CHARLOTTE: Patsy coined the phrase "cosmetics with attitude" from day one; and that still remains



Ken Wells helps to put Patsy and Charlotte's creative ideas into commercial practice

on our business cards. All of us are involved in the formulations of the products and we contract out to some of the best manufacturing companies in the UK. We brief the labs on specific ingredients and performance requirements and then test and select submissions. On our travels abroad we are always picking up new products to evaluate and improve. Ken picked up some natural healing creams in the Caribbean last year and Patsy is always buying products to test on her business trips.

6 Did you make a conscious decision to start the brand with a core range and then expand relatively slowly?

PATSY & CHARLOTTE: That is where Ken's skill comes in. He says: "It is not that we know how to launch products, but we know how not to launch products." The core range was key to establishing authority in a very competitive and somewhat crowded market.

7 You have plans for a range of face products, when are these likely to be launched?

NPD is crucial and we already have formulations for face and body products. We have just launched a Golden Tanning Mousse at the direct request of

Boots. Working with retailers also helps us to keep one step ahead of the competition.

8 Is this new facial range aimed at a particular type of customer and if so, who?

The consumer is crying out for quality products that are different to the usual multinational offerings. You can check out the health and beauty sections in supermarkets and multiples and find exactly the same selection on display. Consumers have voted with their feet, which is why our next project will be our first store, probably in Brighton.

9 You have collected several high-profile awards. How important do you think this is in establishing the brand?

It is very important, especially the awards that are voted for by the consumer. These are much more meaningful as they reflect consumer choice.

10 What are your long-term aims and ambitions?

To increase our UK market share and to expand overseas. We have already appointed distributors in Ireland and Australia with talks continuing with several interested American parties.

FABULOUS FREEbie!

Over the Counter and *Palmer-Cutler* are giving *Over the Counter* readers the chance to win a *Palmer-Cutler* spray tan. The spray tan product is worth £15.00 and each will go into the draw. The last 10 readers whose names are drawn on the closing date of June 30th will receive a spray tan. To enter, send your name and the name of the pharmacy where you buy *Over the Counter* or *Palmer-Cutler* to: Sovereign House, 100 High Street, Tunbridge Wells, Kent TN9 1RW.



EX1 in Major Awards

EX1 Cosmetics, the colour cosmetic range for Asian and exotic skins, has been catching the eye of the judges for three prestigious awards.

Founder Farah Náz is nominated for the Asian Women of Achievement awards, while EX1's launch range of powders and foundations is a finalist in the Pure Beauty Awards and was one of five finalists in the OTC Awards' Beauty Launch of the Year.

The business proposition of providing a breakthrough solution for the 1.2 million Asian and exotic-skinned women won Farah the Asian Woman of Achievement nomination.

Farah says: "We haven't even completed our first six months of trading yet, and already these awards are coming in... 2004 is going to be just as exciting with further new products planned."

EX1, Tel: 0845 330 9421



Wobbly thighs could be a thing of the past thanks to new Nivea Bath Care Stimulating Massage Shower.

The innovative massage head helps get blood circulating and skin glowing, while the caring cleansing cream leaves skin soft, smooth and invigorated.

The fruity-fragranced shower cream contains ginkgo extracts, known for their firming properties, but the secret, says Nivea, lies in the application. The shower head has adjustable massage nodules for a subtle or more intense massage action. The bottle is squeezed to release the shower cream and regular circular massage movements help increase blood circulation, boost skin cells and smooth dimply areas.

Nivea Bath Care Stimulating Massage Shower retails at £5.49 complete with massage head, with refills at £2.59.

Beiersdorf UK Ltd, Tel: 0121 329 8800

Consumers have given a big boost to Weleda's Wild Rose Facial Care range, voting it the Best Beauty Range in the *Here's Health* Natural Health Awards 2004.

Readers' favourite products were whittled down to a shortlist by a panel of natural health experts, who then asked readers to vote. This is the second important award for the range, which last year won the Prix de Beaute from the European fashion magazine *Annabelle* in the popular facial care category.

The Wild Rose Facial Care Range, formulated to help prevent premature signs of ageing, comprises eight products to cleanse, tone, moisturise, deep-nourish, refresh, revitalise, protect and replenish.

Weleda (UK) Ltd, Tel: 0115 9448200



Shaving Range

creates a

Smooth Shave

Wella ShockWaves, the market leading styling range for 16-24 year-olds has a new look, improved formulas and a new sub-range, Xtrovert.

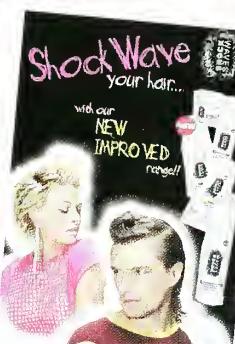
The new-look range was developed in response to consumer research and now offers 19 products in the core ShockWaves range (£3.49), plus four in the Xtrovert sub-range (£3.99).

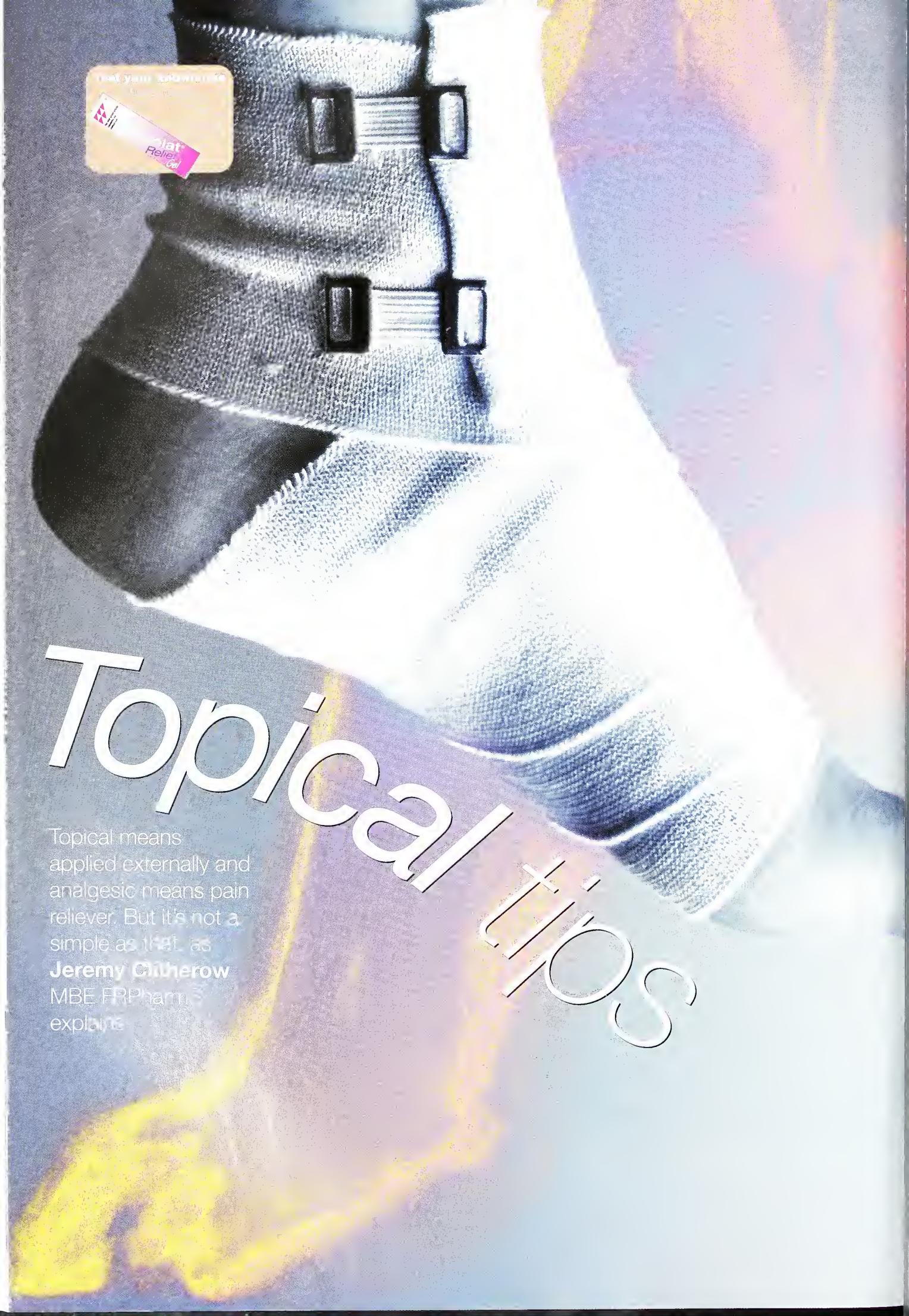
New metallic-look ShockWaves packs offer four colour-coded ranges – purple for Ultra Strong, pink for Strong, yellow for Shine and green for Curl – with easy to read range descriptors and eyecatching scribble logos. Wella says the range includes eight new patented formulas and two new fragrances.

The Xtrovert sub-range introduces Plastic Elastic, a flexible gum allowing styles to be remoulded again and again, Rough 'n' Ready Clay to sculpt extreme styles with a matt finish; Styling Steel ultimate hold gel that freezes in seconds, and Shine On shine spray which is said to deliver "33 per cent more shine".

The new range is being supported by a £4.4 million multimedia advertising campaign and a major sampling campaign.

Wella Great Britain, Tel: 01256 376175





Topical

Topical means applied externally and analgesic means pain reliever. But it's not as simple as that, as **Jeremy Giltherow** MBE FRPharmS explains

When it comes to advising on and recommending topical analgesics, the ideal product needs to be safe, appropriate, effective and good value. We could also include elegant (not greasy or smelly) and fabric friendly. Happily, there are products on the market which fulfil all these requirements, so let's have a look at some typical cases which you may encounter:

Case study 1
Our customer has slipped on a wet floor in the supermarket and sprained her ankle. She hobbles in and asks for something like an old-fashioned cold compress. On first examination, her ankle is swelling nicely, and is uniform and without any obvious lumps and bumps which could indicate a break or dislocation. She still has a full range of movement, though it's painful, and there are no creaking or cracking sounds to be heard or felt. It is a sprain, similar to those that athletes so often experience.

The age-old sports treatment is best remembered by the acronym RICE.

- Rest – give it a good 24 to 48 hours without bearing any weight on it.
- Ice – apply a cold compress of crushed ice in a tea towel for five to 20 minutes every hour until the pain, heat and swelling go away.
- Compress – support the injured joint with a crepe bandage. Leave it on for 30 minutes and then take it off for 15. Repeat this as necessary.
- Elevate – raise the limb to keep the swelling down.

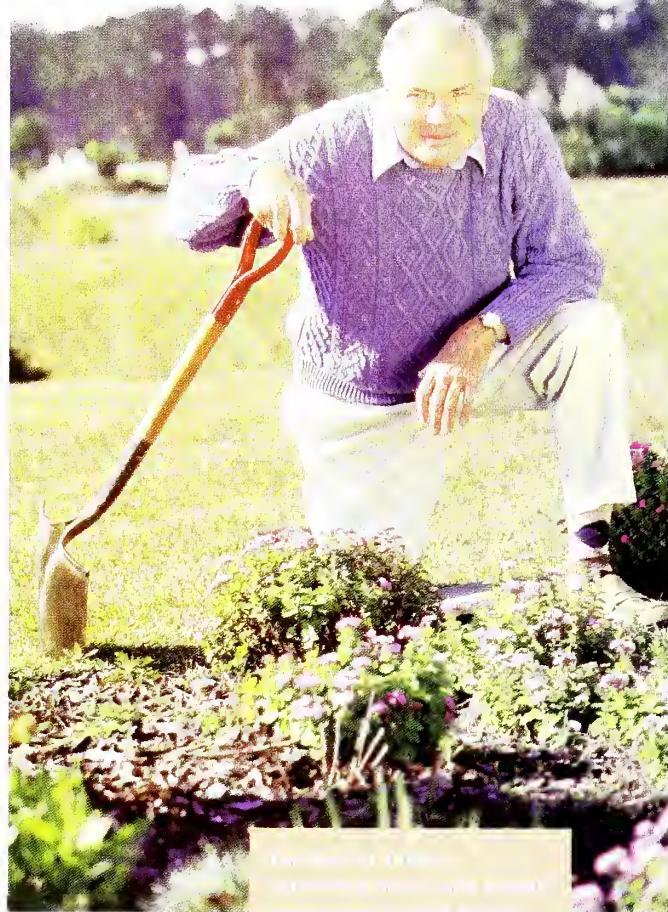
Our lady has asked for something cold and we should always try to recommend a product which matches the customer's preference and lifestyle. At home, the

first temptation is to apply a pack of frozen peas straight from the deep freeze. Tell everyone not to do it. Freezers run at -20°C and cooling the body to such a low temperature will cause irreversible damage to both the human skin and its underlying tissues. Repeat this message while you look along the shelves and show her your array of aerosols, cold sprays, gels, evaporating lotions and cold sticks.

Menthol cones were firm favourites for headaches more than 100 years ago. They still are in some areas. The menthol works by cooling the forehead and temples, while releasing a soothing and decongestant vapour. Curiously, menthol is now experiencing a comeback. The manufacturers now produce menthol impregnated forehead sticks and strips as well as gels and sprays.

Some of the older cold aerosol sprays utilised the property of rapid solvent evaporation to cool the injury sites, but, unfortunately, not only did they have a substance abuse potential because of the propellant they used, but that propellant was mostly 'CFCs', which we now try to avoid because of damage to the ozone layer. These products, like their abusers, are in the minority, but we would be failing in our duties if we were not vigilant in this area. If there is even the slightest doubt in your mind, consult your pharmacist before you make the sale.

The issue of lifestyle is easily overlooked. Many an athletic rub smells like turpentine, creosote or wintergreen. That is fine on the playing field, but



The RICE cold compress treatment is best remembered by the acronym RICE

won't make our lady customer very popular at the church fete. Similarly, a highly perfumed product could cause all manner of problems in the football changing room or in the midst of a rugby scrum. You can quickly find out which preparations are 'athletic' and which are scented or fragrance-free. Just read the boxes and the labels. The next piece of advice is to repeat the trainers' mantra. In the recovery phase, think MSA: move, strengthen and alternate.

Move – work at re-establishing the full range of movement as soon as the recovery allows. It will prevent the joint seizing up and promote flexibility.

Strengthen – strengthen the injured tissue, again, as the recovery phase allows.

Alternate – do alternative exercises to keep the general area fit and toned, but without causing any further damage to the specific site.

The next customer is a keen gardener who was going too hard at the spring digging and wakes up stiff and sore. He says his arms, back and shoulders are worst affected and what he wants is one of those traditional 'rubbing' creams.

There are two distinct types of preparation here. Their technical terms are rubifacients and counter-irritants. It is a fact of life that many people still believe that it is really the massage which does the most good and there will be little difference whether the masseur uses cooking oil, talc or hand cream. Gentle massage with any of these preparations will ease the pain by warming and manipulating the affected area. In practice, and





disregarding the placebo effect, they will be dilating their local blood vessels and both warming the injured spot and taking away the by-products of the damaged tissue.

Counter-irritants rely on producing a profound localised stimulation of the nerve endings which 'blankets out' the pain messages from the injured area. Anything formulated with capsaicin resin will be extremely fiery, so do advise such purchasers to keep the rub away from the eyes – and other delicate parts – and to wash their hands well immediately after applying it. Remember also to tell them not to have a hot bath or shower immediately afterwards or the heating effect will be even greater.

This customer would be well advised to listen to TV gardener Charlie Dimmock. In her national weekend newspaper column she emphasises the need for doing gentle warm up exercises before taking the plunge into digging the veggie patch. She also advocates taking it easy. Don't overdo it on the first bank holiday weekend of the growing season, or you will regret it the next morning. Ms Dimmock also recommends that you do gentle wind-down exercises at the end of the gardening shift. Her counsel is based on sound logic and is well worth adopting. Do pass on her advice, but give Charlie the credit.

Win a bottle of champagne with Over The Counter

Check out what you have learned in our pain relief feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of the hat on the closing date of June 30 will be the winner.

1 In the RICE acronym, rest should be for:

a 6-12 hours **b** 12-24 hours **c** 24-48 hours

2 Frozen peas are not a good compress because:

a they are not cold enough **b** they are too cold
c they defrost too quickly

3 Many of the cold products on sale contain:

a menthol **b** ice crystals **c** dry ice

4 The two main types of warming rub products are counter-irritants and:

a irritants **b** rubifacients **c** hot packs

5 Which of the following is not an NSAID?

a ibuprofen **b** paracetamol **c** diclofenac

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Pain Relief, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

This customer would be well advised to listen to TV gardener

Over The Counter

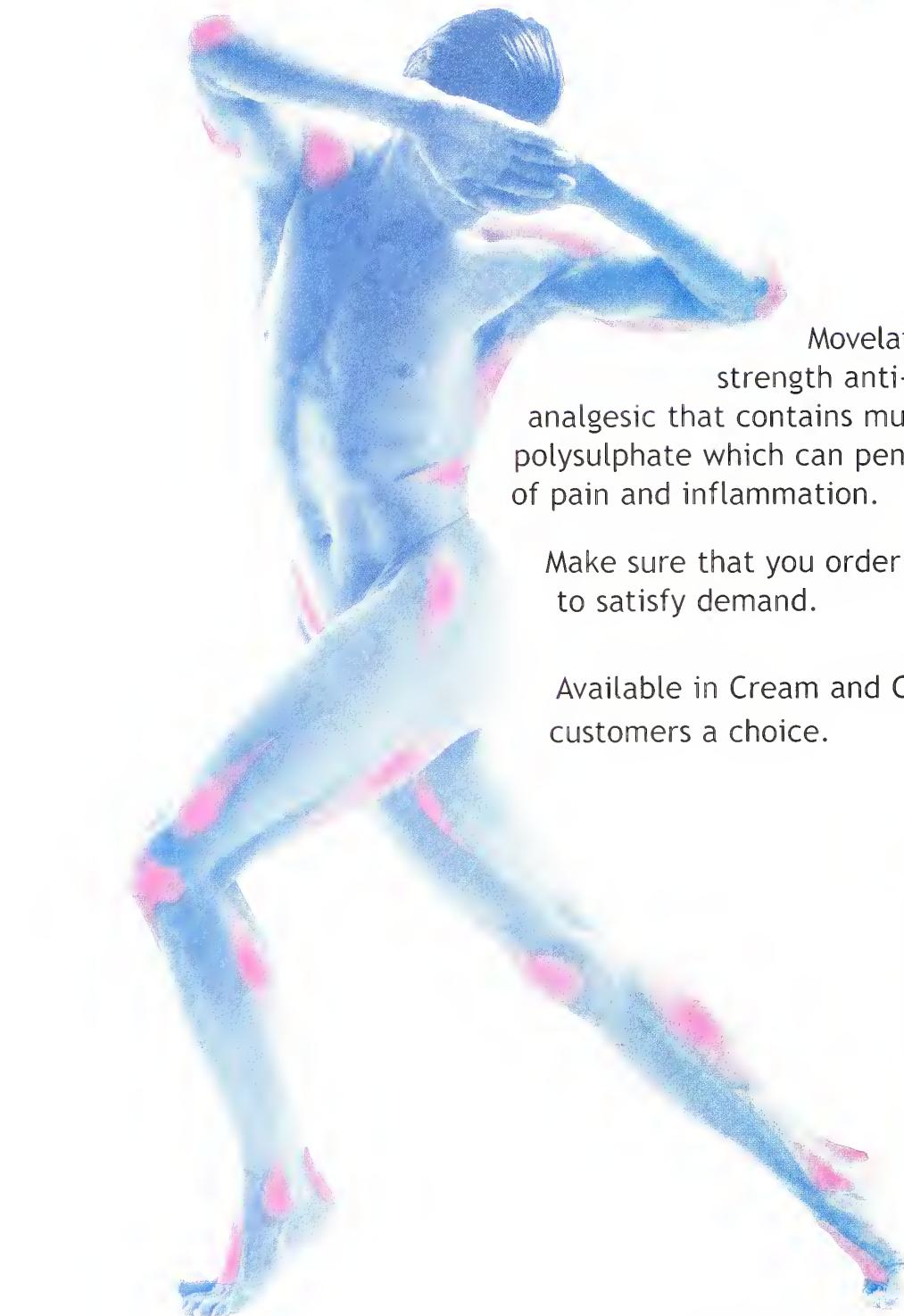
Our third customer is the mildly rheumatic or arthritic 50-something whose pain is manageable and variable but does not need prescription strength medication. Provided that this patient is not asthmatic, pregnant or suffers from gastro symptoms, non steroidal anti-inflammatory drugs (NSAIDs) could be the answer.

However, we need to go back to the science behind how NSAIDs work first. They act by blocking one of the body's more important protective mechanisms, the production of prostaglandins. These are chemical entities produced as the metabolic end products of a chain reaction which starts with tissue damage – cells are damaged and their contents leak out into the surrounding tissue where an enzyme called cyclo-oxygenase converts them into prostaglandins. Prostaglandins cause localised temperature, swelling and pain. If you stop the production of prostaglandins, the pain, swelling and temperature will go. The boffins (and the dispensary staff) talk of COX inhibitors; what they mean is something which stops COX – cyclo-oxygenase – working.

NSAIDs work best if taken in sufficient doses and over a prolonged period. Unfortunately, they can cause gastric irritation, bleeding and may trigger asthmatic attacks in susceptible patients, even when used externally. NSAIDs should not be used in pregnancy, while breast-feeding or by people who have liver or kidney disease. Another, often forgotten side effect is that they can sensitise patients to sunlight, so avoid excessive and strong sunlight if you are on NSAIDs. Having spelt out all the dangers, topical NSAIDs have seen a massive, almost meteoric, growth in market share over the last year or two. There is a very strong following for the various formulations and presentations, especially the latest gels and mousses. If the patient can't reach the spot, an aerosol or mousse might be the answer.

The brand leaders contain either ibuprofen, diclofenac, piroxicam, ketoprofen or, of course, the salicylate derivatives. There is very little advantage in any one NSAID over any other, but that's not what our customers tell us. They have their favourites and it's a case of finding the one with the presentation which suits them best. Our safest way is to be guided by the manufacturer's data. The package inserts will clearly specify the indications for which the product is licensed and we must act and abide by that. So, read the leaflet, ask the questions and recommend accordingly. ©

Pain relief at your finger tips



MoveLat[®] Relief is a prescription strength anti-inflammatory and analgesic that contains mucopolysaccharide polysulphate which can penetrate to the point of pain and inflammation.

Make sure that you order enough MoveLat[®] Relief to satisfy demand.

Available in Cream and Gel, to give your customers a choice.



mucopolysaccharide polysulphate, salicylic acid

MoveLat Relief Gel/Cream. ABBREVIATED PRODUCT INFORMATION. Presentation: MoveLat, Relief Cream contains mucopolysaccharide polysulphate (MPS) 0.2% w/w and salicylic acid Ph. Eur. 2.0% w/w in a white cream base. MoveLat, Relief Gel contains the same active constituents in a colourless gel base. Indications: MoveLat, Relief is a mild to moderate anti-inflammatory and analgesic topical preparation for the symptomatic relief of muscular pain and stiffness, sprains and strains, and pain due to rheumatic and non-serious arthritic conditions. Dosage: Adults, the elderly and children over 12 years: MoveLat, Relief Cream: Two to six inches (5-15 cm) to be massaged onto the affected area up to four times a day. MoveLat, Relief Gel: Two to six inches (5-15cm) to be applied to the affected area up to four times a day. Contra-indications: Not to be used in children under 12 years of age. Not to be used in susceptible asthmatic patients in whom salicylates can induce bronchial reactions. Not to be used on large areas of skin, broken or sensitive skin or on mucous membranes. Not to be used in patients with a known sensitivity to any active or inactive component of the formulation. Pregnancy and lactation: Not to be used during the first trimester or during late pregnancy. Special warnings and precautions: For external use only. The stated dose should not be exceeded. If the condition persists or worsens, consult a doctor. Side Effects: Allergic skin reactions may occur in individuals sensitive to salicylates. Market Authorisation Holder: Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks. HP7 9LP. Market Authorisation Numbers: PL 8265/0008 (MoveLat, Cream/Relief Cream), PL 8265/0009 (MoveLat, Gel/Relief Gel) Legal category: P. Trade Price: £4.11 per 80g tube, £2.59 per 40g tube. Retail Price: £7.20 per 80g tube, £4.53 per 40g tube. Further information from: Medical Information, Sankyo Pharma UK Limited, Repton Place, Amersham, Bucks. HP7 9LP. Date of preparation, API: September 1997. Date of revision, API: February 2003. Date of preparation, February 2004.

MREF051 SANKYO



Pain relief products



Described as "a major innovation that could revolutionise the way we treat the common headache", 4head contains the naturally-occurring ingredient levomenthol adapted into a retractable applicator stick.

The topical application avoids the most common side effects associated with oral analgesics and it is suitable for all age groups. Each 3.6g dispenser (£5.95) is capable of delivering more than 100 applications.

4head is applied directly to the forehead by gliding the dispenser gently across it, leaving an invisible, non-greasy application. It is thought to work by relaxing blood vessels, causing a sensation of coldness followed by an analgesic effect. Levomenthol is also thought to work by helping relax the muscles involved in tension headaches.

Dendron Ltd,
Tel: 01923 229251

Young, sporty types are being targeted by Radian B with its new Sport range. Ransom Consumer Healthcare says the new range offers essential products for the sports kit and was developed with people who currently don't treat muscle injuries in mind.

The range includes a warming Muscle Lotion, cooling Freeze Spray with peppermint oil, M-Doc Stop Bleed Spray and Sports Body Wash, with a Sports Rub to follow in September.

Advertising to support the launch uses the tagline 'Your essential sports kit – Radian B prepared.' The campaign includes press and online advertising, posters in gyms and sponsorship of sports events. A dedicated website offers information on prevention and treatment of muscle injuries.

Chemist Brokers,
Tel: 023 9222
2500



New in the Care pain relief range is Care Ibuprofen Gel 10%. At £5.49 for 50g, Thornton & Ross says its maximum strength product offers cost savings to consumers and generous profit margins.

P-licensed Care Ibuprofen Gel 10% is indicated for the relief of pain

and inflammation associated with backache, rheumatic and muscular pain, strains, sprains, neuralgia and sports injuries. It can also be used to treat non-serious arthritic conditions.

Thornton & Ross,
Tel: 01484 848200



Voltarol Emulgel P has a new 50g pack – and an indication for mild arthritis.

The topical analgesic, which contains the active ingredient diclofenac, is already indicated for local relief of pain and inflammation in tendons, ligaments, muscles and joints due to bruises, sprains and strains.

Novartis Consumer Health, which is supporting the brand and the new pack with a £1 million advertising and promotional campaign, says the new pack allows pharmacists to capitalise on the popularity of 50g packs, while offering convenience and cost savings.

Novartis Consumer Health,
Tel: 01403 210211





AMAZIN' TRANSVASIN

Offer your customers fast, warming relief from muscular aches and pains - at an *amazingly* low price.

Display the amazin' Transvasin bendy man at point of sale or in-store customer appeal.

Plus get hold of an award-winning Crossball pen. Rollball pen with the uniquely 'twisty' one click twist action. The unique action allows the ball to roll in any direction, so you can twist the pen to suit your needs.



For life's little twists and turns

source: TNS Counterpoint MAT to Dec 2003 data

prizes to be won. Closing date 1/09/04. No proof of purchase necessary. Open to UK residents only. Full details available from Thornton & Ross, Linthwaite, Huddersfield HD7 5OH Tel: 01484 - 842217

Win an amazin'
Cross Rollerball
Look out for your competition leaflet in the post**



Composition: Cream containing Hexyl Nicotinate 2%w/w, Ethyl Nicotinate 2%w/w and Tetrahydrofuryl Salicylate 14%w/w. **Indications:** Relief of rheumatic and muscular pain and symptoms of strains and strains. **Dosage and administration:** For topical application to the skin. Adults, the elderly and children: Massage gently into affected area until cream is entirely absorbed. Apply at least once daily until symptoms abate. **Contraindications:** Sensitivity to the product or any of its ingredients. **Warnings:** Do not apply to broken or sensitive skin e.g. around the eyes or scrotal skin. Avoid contact with mucous membranes. Transvasin cream is a rubefacient and within a few minutes of application a sensation of warmth is felt, followed by a reddening of the skin. This erythema does not indicate intolerance. Wash hands after use. Do not use with occlusive dressings. If a rash develops, discontinue use of the product. Avoid excessive exposure of the treated area to sunlight. **Pregnancy and lactation:** No reports of adverse effects, however as with all medicines, care should be taken when administering to pregnant or lactating women. **Side effects:** Localised sensitivity in rare cases that have invariably subsided following withdrawal of the medication. **Legal category:** GSL **licence number:** PL 00240/0062 **Pack size:** 40g/80g. **Price:** £1.79/£2.19. **Licence holder:** Thornton & Ross Ltd, Linthwaite, Huddersfield, HD7 5OH. **Date of preparation:** March 2004. Further information is available on request from the licence holder.



Strange as it may sound, the more infections a child can get out of the way in the early years the better.

Sarah Purcell
discovers why

Could it be infectious?

When the time comes for a child to start nursery or school, it's normal for parents to feel apprehensive about them making friends and settling in well. What parents often find surprising is the number of infections and health complaints their child picks up.

Young children pick up infections easily as their immune system is still developing and personal hygiene is not always good. Parents worry because their child seems to be ill all the time, but it rarely

anything to worry about and doesn't mean the child has a weak immune system – in fact, all this illbe is doing him good in the long run.

"Recent research findings have shown a strong link between reduced contact with bacteria and infection in childhood and

the rise in allergies. Children are not being exposed to enough germs to build a strong immune system," says Jonathan

Brostoff, professor of allergy and environmental health at King's College London. So the theory is, the more infections your child comes into contact with at a young age, the better his immune system becomes at fighting off infection as he gets older. Some research has suggested that children who attend nursery before the age of two have a reduced risk of developing allergies because they come into contact with a wider range of infections. Parents need to realise that they

and nurseries will have policies on various childhood infections, whether children need to be kept at home and for how long.

It's helpful to recognise the signs and symptoms of the most common infections and complaints and how to deal with them. Here are some of the most frequent:

Coughs and colds

Young children are prone to cough and cold viruses and on average suffer up to 10

infections a year, according to professor Ronald Eccles, of the Common Cold Unit at Cardiff University.

Spot the signs

- Children might have a temperature, and it's common to feel irritable

and off their food.

- They may complain of a headache or sore throat in the early stages.
- The inevitable runny nose.
- A cough often follows on from a cold.
- An earache can develop after a cold, due to a build-up of catarrh. If this doesn't improve within a couple of days, parents should be

Young children pick up infections easily as their immune system is still developing

can't shield their children from infection – if they're not exposed to these germs through toddler groups or nursery, it's likely that they'll get a lot of illness during their first year at school. The good news is that by around age six to seven a child should have developed a strong immune system and is generally healthy most of the time. Schools





advised to see their GP to rule out infection.

Treatment

- Infant paracetamol or ibuprofen (as long as the child isn't asthmatic) can be given to reduce fever, headache and aches and pains.
- A vapour rub is good for relieving congestion, such as Snufflebabe, Lentholatum Vapour Rub or Vicks Vaporub.
- A few drops of a decongestant oil, such as Olibas or Karvol, placed on a hanky or pillowcase will help children breathe at night.
- Echinacea drops can be given to children over the age of one.

Chickenpox

This is caused by the varicella-zoster virus and is usually mild. However, if the infection is passed on to a pregnant woman there is a risk of the baby being affected. Women who aren't immune are advised to see their doctor for advice if they've been in contact with a child who has chickenpox. It's infectious from a couple of days before the spots appear until about five days after. The child's school or nursery should be told, and any pregnant women he's been in contact with.

Spot the signs

- Pink or red spots on the scalp, face and



- Older children usually feel more unwell than younger ones.
- Paracetamol or ibuprofen to reduce fever. Calamine cream or lotion dabbed on spots will relieve itching.
- Antihistamine syrup at bedtime will help if itching is interrupting sleep.

Slapped cheek

Most common among primary school aged children, this mild viral infection is caused by parovirus B19. A quarter of people who catch it have no symptoms and it's infectious for a week before the rash appears. There is a risk to pregnant women if they get it.

- The child may feel unwell with a slight fever before the rash appears.
- A rash of pink-red spots appears on the cheeks, which feel hot to touch. The rash may spread to the back, abdomen and legs and may come and go for up to three weeks.
- Infant paracetamol or ibuprofen.
- Cool burning cheeks with a cold face cloth.

Conjunctivitis

Conjunctivitis is an inflammation of the membrane covering the eyeball and the inside of the eyelids and can be caused by a virus or bacteria. It is the most common eye complaint in toddlers and young children and is highly contagious in its early stages.

Nurseries and schools normally ask you to keep children at home to avoid passing the infection around.

- Bacterial infection usually produces a thick, yellow discharge while a virus

back, spreading to arms and legs. The spots develop into fluid-filled blisters.

Fever, appetite loss, sore throat.

tends to make the eye very watery.

- The whites of the eyes (one or both) will look pink, and may be watery. You may notice a thick white or yellow discharge, and in the mornings the eyes may be stuck together.

- The child might rub the eyes a lot, as conjunctivitis makes them very itchy, and the eyelids may look red and swollen.

Treatment

- Wash your hands and your child's hands frequently to prevent infecting the other eye and passing it on to others.

- Keep towels and flannels separate.

- Bathe eyes frequently with cotton wool and cooled boiled water.

- The GP may prescribe antibiotic drops or ointment if it's a bacterial infection. Give the full course of drops or ointment, even once the eyes look better.

Stomach upsets

Gastroenteritis is the commonest cause of stomach upsets in young children. Most attacks are due to rotavirus, a highly infectious organism easily passed between children, either by droplet spread or when children with unwashed hands touch food that is then eaten by another child. It can also be caused by food poisoning.

Treatment

- A temperature.

- Vomiting lasting one to three days.

- Diarrhoea lasting four to seven days.

Treatment

The younger the child, the more potentially serious this is because of dehydration.

- If a child has vomited for more than a day and can't keep fluids down, a doctor should be consulted.

- Avoid milk and food – give water or diluted fruit juice.

- Give rehydration salts.

- Encourage regular handwashing.

Headlice

The tiny grey or brown insects live on the scalp and feed by sucking blood, moving



from one child's head to another. The eggs take seven to 10 days to hatch and another seven to 14 days to mature. Schools and nurseries usually send letters to parents during an outbreak, and ALL parents should check their children's hair.

Spot the signs

- The child may scratch their head.
- Tiny brown or whitish shiny blobs sticking to the hair, especially behind ears and at the back of the neck. These are the eggs (nits).
- The child has a red rash at the back of the neck, caused by an allergy to louse droppings.
- You may spot a louse in the hair.

Treatment

- Wet combing is now the preferred method of treating headlice of many parents. This involves applying lots of conditioner to wet hair, then combing carefully through with a bug buster comb, section by section, and removing lice and nits. This needs to be done every three to four days for at least two weeks.
- Insecticide lotions are preferred by some parents, but are only recommended if live lice have been detected. Shampoos aren't recommended as they don't remain in contact



with the hair for long enough. Alcoholic solutions aren't good for asthmatics or younger children. Health authorities use products on a rotation basis to avoid resistance.

Threadworms

These tiny worms look like fine threads of cotton and are up to 1cm long. At any one time, an estimated 40 per cent of children under 10 are infected, often without knowing it. The parasites live in the intestine and the female comes out of the anus to lay eggs, which are coated with a sticky, irritating substance and are transferred from child to child by scratching and touching objects or clothing.

Spot the signs

- The child's sleep is disturbed by itching.
- Scratching or rubbing the bottom.
- Thin white threads on toilet paper or faeces.

Treatment

- The whole family needs to be treated, even if they don't have symptoms.
- Treatment is with piperazine or mebendazole. Piperazine is taken in two doses a fortnight apart, or daily for seven days. Mebendazole is taken as a single-dose tablet.

Test your knowledge

Win a bottle of champagne with Over The Counter

Check out what you have learned in our childcare feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of the hat on the closing date of June 30 will be the winner.

1 Exposure to bacteria and infection in childhood can:

- a damage the developing immune system
- b help build a strong immune system
- c lead to too many days off school

2 How many colds can children suffer in a year?

- a Up to three
- b Up to six
- c Up to 10

3 In chickenpox, older children:

- a tend to feel worse than younger ones
- b recover more quickly
- c suffer more spots

4 What percentage of children under 10 are infected with threadworms at any one time?

- a 10 per cent
- b 25 per cent
- c 40 per cent

5 Verrucas are usually found on:

- a the face and neck
- b the hands
- c the soles of the feet

Name _____

Pharmacy _____

Address _____

Childrens' health products

Veno's sorts kids' coughs

Veno's for Kids is the latest addition to the Veno's range. The chesty cough syrup is formulated for children from two to 12 and the formula contains guaifenesin (100mg).

Packed in the distinctive Veno's livery, the product features a smiling lion, signalling that children will "get their roar back". Veno's for Kids retails at £2.89 for 100ml.

GlaxoSmithKline Consumer Healthcare, Tel: 020 8047 2700



Bazuka for verruccas

Swimming pools, changing rooms and school gyms are common places for verruccas to spread, making children especially vulnerable.

Bazuka Gel or Bazuka Extra Strength Gel offer simple solutions in a once-daily application which destroys the skin containing the virus.

Bazuka Gel (£4.95) contains salicylic acid and lactic acid, while the extra strength gel (£5.75) contains a higher concentration of salicylic acid. Both products dry to form a water-resistant, protective barrier, helping prevent the spread of infection with no need for plasters.

Dendron Ltd, Tel: 01923 229251



First aid for the family

Germolene, known for its distinctive smell, is a first aid range familiar to many parents. The anaesthetic and antiseptic range includes creams, ointments and First Aid Wipes. The latest addition is the Family Pack (£3.89) containing a 120g tube of cream.

The antiseptic range includes the Skin Wipes which help prevent a water-based antiseptic solution from drying out. Antiseptic Wipes are appropriate to clean cuts and grazes. Germolene Spray relieves minor irritabilities and aches.

Laser Health Care, Tel: 01202 498700



Calpol leads from the front

Calpol claims almost 60 per cent of children's medicine sales, thanks, says Pfizer Consumer Healthcare, to its heritage and commitment to the changing needs of parents.

The latest addition to the range is Calprofen, a strawberry-flavoured ibuprofen suspension, which rated highly in a taste test with children. Other innovative formulas in the range include Calpol Six Plus Fastmelts, the first ever children's melt-in-the-mouth paracetamol tablet, as well as portable Sachets.

Pfizer Consumer Healthcare, Tel: 01304 616161



Tixyplus makes its mark

Tixyplus, the latest addition to the Tixy family of children's cough and cold medicines, fills a gap in the range – the combined treatment of pain and fever.

Available as a 100ml oral suspension, Tixyplus (£3.49) is a dual-action product for relief of the symptoms of colds and flu in children aged two to 12. With a raspberry and vanilla flavour, Tixyplus contains paracetamol and diphenhydramine hydrochloride.



Novartis Consumer Health, Tel: 01403 210211



Sanatogen helps kids develop

Roche's Sanatogen brand now commands a 19 per cent share of the children's vitamins market, with sales worth more than £2 million.

It is designed to ensure children receive the right combination of essential vitamins and minerals for healthy growth and development.

Sanatogen Baby Syrup, for children from one month to five years, contains nine



essential vitamins and retails at £3.59 for 200ml. Sanatogen Kids A to Z is for children aged three to 12 years. The sugar-free, chewable tablets are in 30 and 90 tablet packs at £3.15 and £7.29.

Sanatogen Kids Jellyvits are orange-flavoured soft chews for children over three. In packs of 30 and 90, they retail at £2.19 and £5.99.

Roche Consumer Health, Tel: 01707 366000



Pharmacy can cash in on the rise and rise of digital photography

Get the picture

Test Your Knowledge
Sponsored by
see page 38

AGFA

As the business of converting digital camera images to print establishes itself, **Ailsa Colquhoun** says the opportunities for pharmacists are there for the asking

Forget text messaging; this year's must-have travel accessory is the camera cell phone. Sales topped 16 million in Japan and South Korea last year and by the end of this year camphones are expected to make up 11 per cent of all mobile phones sold. In Europe alone, this equates to 50 million handsets.

It should come as no surprise then to learn that in Japan retailers now offer picture message image processing. It may only be small sticker size at the moment, but as camphone image quality improves, it is only a matter of time until picture message image processing becomes the next big thing the world over.

Converting digital camera images to print is already big business in the UK and more than one million digital cameras are sold each year. Digital camera owners now make up more than half of all camera owners and such is the groundswell of the digital era that after the end of this year, photographic giant Kodak will not even be

distributing APS or 35mm film cameras any more.

More importantly, though, for retailers specialising in print processing, every year, more and more digital images are ending up in print. According to Photo-Me data, between 2001-02, the size of the digital processing market almost trebled and the conversion rate from image to print now stands somewhere in the region of one in five.

As Darren Peake, marketing development manager from Fuji, explains: "Whilst the

they always have done." Alistair Brown, business development manager at Jessops, adds: "People still want printed photographs to frame and give to friends and family."

For the 80 per cent of digital camera users who do not yet convert their images to photo quality prints, the problem seems to lie mainly in customers' inexperience. Agfa marketing manager Jane Perry explains: "The market is still very much in transit phase, as customers slowly learn when to opt for home printing – a time, labour and materials-intensive business – and when to go for retailer processing."

Photo-Me believes men are the most likely to plump for home printing, whereas almost two thirds of women would use a retail location for digital print processing if they could find one that priced digital and analogue processing competitively. Women are already key pharmacy users and, as the soon-to-be key users of the family digital camera, pharmacists should be at a

The problem seems to lie mainly in customers' **inexperience**

early-adopters in the digital camera market loved tinkering with images on their PCs and printing them out at home, today's buyers want to combine the fun and convenience of digital cameras – the ability to delete and re-take shots and e-mail to friends – as well as having real photos from the high street as



Test your Knowledge
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AGFA

distinct advantage to cash in on the digital bonanza. So what is preventing them making pounds out of digital processing?

According to digital sector analysts, photo retailers and processors in general have been reluctant to make investments in equipment for digital services as a result of both overcapacity for traditional roll film printing and demand for prints from digital being relatively low.

According to Agfa, this is particularly true

less than half its current size.

Some pharmacists are also put off by competition in the market; statistics suggest there are already more than 5,000 high street mini-labs, one-hour photo processing centres and instant print/copy shops in the UK alone and it is believed that between 30 and 50 per cent of these labs will offer some sort of digital printing service during the next three to five years. Fotoview's managing director, Jagdeep Shah, says customers continue to go to high street photo shops because they think they offer a specialist service. "They simply don't know that pharmacies can also do this.

Pharmacists need to do a lot more work to bring the revenue in," he says.

With digital mini-labs costing between £50,000 and £150,000, it is easy to see why your pharmacist may be reluctant to take the plunge. Yet Fotoview offers entry level digital processing for as little as £750. And as Alf Webb, business manager at Kodak's consumer imaging division, points out: "The bottom line will be that if they [pharmacies] cannot provide customers with what they want, inevitably those customers will take their business elsewhere."

Cheap entry routes

Customer-operated kiosks represent the cheapest entry route to digital processing and are popular with consumers.

Digital analyst InfoTrends reports that 68 per cent of digital camera users say they would print their pictures through self-service kiosks if they were available - which they increasingly are. InfoTrends reckons that by 2007, 13,000 digital photo kiosks will be operating in European retailers, almost double the number in 2002.

Writing in this year's *NPA Handbook*, Amanda Holton, marketing manager at Mitsubishi, says these systems are an excellent way of providing added value and increasing margins, for little space, effort or outlay. "Most stations are built to stand alone in a

Brand focus

over the counter

The **Autan** range of insect repellents is designed to protect everyone over two years old from mosquitoes, midges and other biting insects, both at home and abroad. **Autan** contains the unique formulation Bayrepel¹, a new generation active ingredient which is an alternative to DEET-based products, while being gentle on the skin. The World Health Organisation (WHO) recommends Autan as the repellent of choice for malaria prevention².

Autan offers consumers two skin repellent ranges and an after-bite spray. The



	Up to 4 hours protection	Up to 8 hours protection	Insect bite relief
Adults			
Children over 2 years of age			
Infants under 2 years of age	Avoid areas at risk, cover up with long sleeved clothing		

Active range provides protection for up to eight hours and the Family range for up to four hours. The

Family range has the added benefits of aloe vera which moisturises and soothes the skin. If you forget to apply a repellent, use Autan Bite-Ease to cool and soothe insect bites and stings. All products in the **Autan** range are

non-sticky and non-greasy, have a pleasant fresh fragrance, are suitable for children over the age of two years and are dermatologically tested.

The easiest way of helping your customers choose the correct **Autan** product is to ask them how many hours protection they'll need. This table is a useful guide to help select the most appropriate product.

References:

1. Trade name of Bayer AG

2. Report of the fourth WHO/PEST Working Group Meeting, Geneva, December 1-5, 2000



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space of just a few square feet and, as the name suggests, customers can come in and operate the machine themselves; all the pharmacist has to do is take the money," she says.

Based on touch-screen instructions, kiosks allow customers to preview their images from their digital media, and select the number they wish to print. On selection, they pay the required amount and wait for a few minutes while their photos are processed. Some units also offer a range of sizes as well as the option to print an index of all, or a selected number, of their images, as well as copying images to CD-Rom, a service increasingly in demand.

Customer editing, including reframing, enlarging, cropping or lightening is also possible and suppliers suggest this is where the real 'jam' lies. Konica estimates that an 8x10in enlargement from a digital image might yield a gross margin of 96 per cent. Margins for CD burning can run to 300 per cent, adds Agfa's Jane Perry.

Staff-operated systems

For the more ambitious, the next option is a digital micro-lab system. Although it requires more staff time, in terms of both training and operational time, its benefits are limited only to the user's imagination, says Ms Holton.

Most systems also allow for additional

printers or monitors, which can be strategically placed in a window display, for example, to promote interest from outside the pharmacy. Prices generally start at around £5,000.

In the mini-lab market, pharmacists have the choice of low, medium and high output digital versions, offering between 500 and 1,350 prints per hour. For its part, Fotoview recommends choosing a digital lab with an output within 20 per cent of your current analogue lab, or around 800 prints an hour. Pharmacists should also consider the available levels of back-up, branding and promotional support and whether the supplier can offer an end-to-end solution, including equipment, consumables such as paper and chemistry and products such as film and cameras.

If pharmacies are to make headway in the digital print processing business one thing is clear: you need to push the 'prints from digital' message loud and clear – and tell your customers that you offer a good value, photographic quality digital service, without any hassle. Despite pharmacy's reputation as an experienced and trusted photo processor, research suggests that consumers do not notice a digital kiosk spontaneously within the store and may take on average four visits before they will try the service. What better reason to dedicate some space in store to advertise your photo processing business?

Part of the problem, believes Jagdeep Shah, is that there is a knowledge gap, particularly at the counter staff level, who are reluctant to 'sell' D&P for digital cameras because they believe the technical process to be somehow different and complicated. "We have to convince customer-facing staff that they should treat digital camera cards just like film," he says.

Whatever level you enter at, digital processing is the only way to cash in on those key premium photographic services. ©

Test your knowledge

Win a bottle of champagne with Over The Counter

Check out what you have learned in our photography feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of the hat on the closing date of June 30 will be the winner.

1 How many camphones are expected to be used in Europe by the end of the year?
a 10 million b 25 million c 50 million

2 Digital camera owners account for what proportion of all camera owners?
a more than a third b more than half c more than two thirds

3 Who would be most likely to use a retail outlet to obtain prints from a digital camera?
a women b men c both sexes equally

4 What is the margin for burning CDs?
a up to 100 per cent b up to 200 per cent c up to 300 per cent

5 The film processing market is predicted to fall in the next three years by:
a more than a quarter b more than half c more than three quarters

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Photography, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

REMEMBER - If you want to enter all our competitions and giveaways, save postage by putting them all in one envelope, marked 'COMPETITIONS'

Photographic products

Presenting digital D&P

Swains International has introduced a new Deluxe Digital D&P Packaging Box into its photo accessories range. The hard-cased clear plastic box holds all types of compact media – CD-ROM, memory sticks and prints – safe from damage.

Swains says the new boxes ensure that prints are returned to customers in the highest professional format and are a step on from the paper wallets which mini-labs have been using. Marketing director Danny Williams said: "Presenting photographs to the end user in this format indicates care for the product and a good level of customer service".

The individual boxes (52p each, £31.38 for 60) can hold 6x4in and 7x5in index prints.

Swains International, Tel: 0845 4504242



Slim chance

The UK is one of the fattest nations in the world in spite of the fact that so many of us are just finishing, just starting or actually on a diet. **Lesley Keen** looks at some of the latest low-carbohydrate regimes

The F Plan, Cabbage Soup, Scarsdale, Grapefruit, Hip and Thigh, Blood Type, Face Analysis, Israeli Commando diets – we've seen them all, and countless more. Though diet trends may come and go, still the nation gets steadily fatter, despite an ever-growing network of slimming clubs and more and more space on supermarket shelves for 'diet' and 'healthy' products.

To most of us, rolls of wobbling, puckered flesh don't look good. But overweight and obesity are not just aesthetically unpleasing, they have serious implications for the health of the nation – and that is what is clearly worrying the Government.

That excess physical baggage has an emotional effect, often damaging self-esteem and making people become withdrawn, but its physical effects can be even more devastating. Put bluntly, it can lower life expectancy and increase the risk of numerous conditions from diabetes and cardiovascular disease to some cancers.

Experts have long said weight loss is a matter of mathematics – if you consume more calories than you use up in the average day, you will put on weight. To lose excess poundage you have to reduce your calorie intake until it falls below the number of calories you burn. Exercise will help speed up the process – and tone your body. Ideally, your new regime should be a balanced one, with healthy food choices.

It all sounds simple enough on paper, but may be harder to stick to during the mid-afternoon energy slump when all you can think of is a piece of cake and a cup of tea or when you're out for a meal and everyone else is ordering gooey desserts. In a society with so much food on offer, abstinence is the one thing not on the menu.

That's why we see so many diets come and go and why the diet book publishers really are living off the fat of the land as we eagerly reach for the latest 'diet for life' book to read with our mid-morning coffee and Danish.

The only way to lose weight and, more importantly, to keep it off is to find a way of



eating which means that when it comes to weighing up the delights of another portion of chips, a bottle of cola or a chocolate bar now against the possibility of ill health in a couple of decades, the chips, the cola and the chocolate lose every time.

Lately, our search for the dietary Holy Grail has taken us into low, or controlled, carbohydrate country. These diets tell us to forget what we were taught about fat being bad for us: clogging arteries, elevating cholesterol levels and leading to heart and circulatory problems. Those who have religiously removed every trace of fat from their meat, left that temptingly crispy chicken skin on the side of their plate and picked up all the low fat options they can find when food shopping can relax – fat is back on the menu. But – and there's always a 'but' – they have to be ruthless in cutting the carbs. That means it's time to call time on

informed us that Hollywood golden couple Brad Pitt and Jennifer Aniston, along with a host of other slender celebrities, have Dr Atkins to thank for their absence of body fat.

And Dr Atkins was not alone; the South Beach Diet, the Glycaemic Index Diet and The Perfect Weight Plan also promote the low or controlled-carb message, with varying degrees of severity. So does a low-carbohydrate diet really mean a lifelong ban on comfort food? And what's more, is it safe?

The Atkins approach

Atkins is based on the principle that, while carbohydrates and fats both provide fuel for the body, when carbohydrates are available the body transforms them into energy first, with any excess being stored as body fat. So when carbs are reduced sufficiently, the body primarily burns fat, including body fat, and weight is lost or maintained.

The diet does not ban all carbohydrates, but excludes processed foods full of sugar and bleached flour and restricts other high carb foods, while retaining nutrient-rich 'good' carbs such as those found in leafy green vegetables and berries.

The diet comprises four phases. The first, or induction phase, is followed for at least a fortnight and up to six months. It allows just 20g of 'Net Carbs' – those which impact on blood sugar – per day. Foods containing protein and fat, such as poultry, fish, red meat and eggs are the foundation of the diet at this stage. On the banned list are fruit, bread, ►

Abstinence is the one thing not on the menu

potatoes, rice, pasta, bread, cakes, biscuits, sugar, processed foods, bleached flour etc.

The first low-carbohydrate diet to receive massive publicity was the Atkins Diet, named after its American creator Dr Robert C Atkins. Dr Atkins' first diet book appeared in 1992 and by the time he reworked it in 2002 the original had sold more than 10 million copies. But unprecedented international success was guaranteed when the media

Critics say Atkins causes **bad breath, constipation** and pallid skin

pasta, grains, starchy vegetables and dairy products other than cheese, cream and butter. Dieters are also encouraged to take nutritional supplements, drink plenty of water and to exercise.

The second phase, the ongoing weight loss phase, allows dieters to slow their weight loss by increasing the carbohydrate intake by 5g per day each week, starting with non-starchy vegetables and berries.

The third, or pre-maintenance, phase starts when the dieter is within five to 10 pounds of their goal weight. At this stage carbs are added at the rate of up to 10g a day extra each week until the goal weight is achieved and maintained for a month, giving the dieter their Net Carb level, or ACE.

The final phase is the lifetime maintenance phase, which means maintaining the diet at the ACE level.

Atkins is not suitable for people with severe kidney disease, the weight loss phases are not suitable for pregnant or breast-feeding women and those on diuretics, insulin or oral diabetes medication should only follow the diet under their doctor's supervision.

Critics complain that the diet causes bad breath, constipation and pallid skin, especially in the first phase, though Dr Atkins insists all these are transitory or easily overcome.

South Beach

Developed by cardiologist Dr Arthur Agatston, the South Beach Diet promises a loss of 8-13lb in the first two weeks, most of it around the middle.

The doctor says his is not a low-carb regime, it's a question of choosing the 'good' carbs and eliminating the 'bad' ones. 'Bad' carbs are highly processed foods, including white flour and white sugar, while 'good' ones include wholegrain bread and cereals and wholemeal pasta. The diet does not give unlimited access to all the saturated animal fats you can eat, but advises moderation.

The South Beach Diet comprises three phases. The first, and strictest phase, bans bread, rice, potatoes, pasta, cakes, biscuits, sugar, fruit and alcohol. The second gradually reintroduces some carbohydrates, with the dieter picking which of his or her favourites to start to eat again, maintaining this diet until the goal weight is achieved. The plan

says high-glycaemic carbs should be reintroduced slowly and recommends starting with one piece of fruit per day. At this stage it is important to monitor the effect that the carbohydrates are having, reviewing the choice if weight loss stalls.

Then it's on to the maintenance phase, where you find your ideal balance and stick to it, returning to the first or second phase if you find weight creeping back on.

The Perfect Weight Plan

Devised by Dr Barry Groves out of his own experience, the Perfect Weight Plan is promoted as a 'sensible and healthier' alternative to very strict low or no-carbohydrate regimes. Dr Groves suggests eating 50-60g of carbohydrate per day for optimum weight loss, eating a hearty breakfast, adequate lunch and light supper and drinking dry wine rather than beer or lager. He recommends avoiding foods with a glycaemic index (see below) of more than 70, restricting those rating 55-70 and being more liberal with those rating 55 or lower.

The Glycaemic Index

The glycaemic level is the amount of glucose in the blood. As the glucose level rises, the pancreas releases insulin, which ensures that the glucose is stored in the liver and the muscles. During this process, the glucose level in the blood falls. When too much insulin is released and too much fat is stored, this is referred to as hyperinsulinism.

The Glycaemic Index measures how much glucose a particular carbohydrate food releases during the digestive process and the rating given to individual foods reflect how quickly it triggers a rise in blood sugar levels.

Glucose has a glycaemic index of 100, while most green vegetables rate 10 and a range of foods including biscuits, rice, potatoes, pasta, beer, carrots, bread, raisins rate between 55 and 110. The Glycaemic Index suggests that by choosing foods with a lower glycaemic index, the effects of hyperinsulinism are reduced and fat lost.

Is it safe?

For every person who claims that low-carbohydrate regimes damage the kidneys, raise cholesterol and are unhealthy for the

The chilling facts about obesity

- The Government is warning of an 'obesity epidemic'.
- The Health Survey for England 1997, published in 1999 revealed 17 per cent of men and 20 per cent of women are obese, figures

- which were up from the 1993 levels of 13 per cent and 16 per cent respectively.
- If rates continue to rise at their current level, one third of all UK adults will be obese by 2010, equaling the USA.

- The National Audit Office revealed in 2001 that 6 per cent of all deaths are attributable to obesity.
- Obesity can cut life expectancy by up to nine years on average.

Test your knowledge

Win a bottle of champagne with Over The Counter

Check out what you have learned in our slimming feature and you could win a bottle of bubbly. Just tick the correct answers to the questions below, fill in your details and send off the form. The first correct form out of the hat on the closing date of June 30 will be the winner.

1 Which of the following is allowed on the strictest low-carb regimes:

- a chocolate biscuits
- b eggs
- c meat

2 How much 'Net Carb' is allowed on the first phase of the Atkins Diet?

- a 5g
- b 10g
- c 20g

3 The Glycaemic Index rates foods according to:

- a how much fat they contain
- b how much glucose they release during the digestive process
- c how highly processed they are

4 By 2010, the Government expects how many of all adults to be obese?

- a one quarter
- b one third
- c half

5 Obesity lowers life expectancy by an average:

- a three years
- b six years
- c nine years

Name _____

Pharmacy _____

Address _____

Send your entry to: Test Your Knowledge, Over The Counter/Slimming, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW

heart and the colon, there seems to be another who claims to have lost weight quickly and easily and to have their energy boosted by the diet.

Because these diets have only achieved widespread popularity in recent years, there have been no long-term studies into their effect on the body, but comparisons between groups of people on low-calorie diets and those on Atkins have shown that the Atkins group will lose more weight over a given period. Two recent studies, albeit funded by the Robert C Atkins Foundation, suggest that the regime is more effective than a low-fat diet and has a more beneficial effect on cholesterol levels.

BBC2's *Horizon* programme, broadcast in January, found that each time a theory is advanced, within a short time it is disproved. When the programme was broadcast, researchers were exploring the possibility that protein somehow suppresses hunger, so Atkins dieters feel fuller and eat fewer calories.

It is wise to advise customers to consult their GP before starting a low-carb diet or before they exclude any particular food or food group from their diet. ©

Don't sneeze or snooze with Clarityn Allergy

As the summer draws near, no doubt you will have noticed an increase in the number of customers asking for advice about hayfever. Hayfever is an allergic condition, where pollen triggers the release of histamine in cells, particularly in the mucous membranes such as the eyes and nasal passages where the pollen is most likely to collect. Excess histamine release then causes the characteristic symptoms of sneezing, runny nose and itchy eyes, which interferes with work, study and leisure.

Among the concerns of hayfever sufferers will be that they want to use a medicine to control symptoms, but are worried as they know that some hayfever products can cause drowsiness. This is certainly true of many of the older style antihistamines such as chlorpheniramine, but the newer second generation (such as loratadine, cetirizine or acrivastine) is much less likely to cause this side effect. Even so, a collaborative study with over 40,000 GP patients found that cetirizine was 3.5 times more likely and acrivastine 2.8 times more likely to cause sedation than loratadine. As such, the authors of this study concluded that loratadine may be preferable to cetirizine and acrivastine for people working in safety critical jobs¹.

So as more of the public are prepared to start treating themselves with OTC medicines, helping customers become aware of the most suitable products is a key role for pharmacy assistants. And if performance is a key consideration, then loratadine may be the best solution for people taking exams, having to drive or

operate heavy machinery.

Evidence suggests that loratadine has no adverse effects for performance in children at school



(atopic children treated with loratadine showed superior learning performance compared to those treated with either placebo or diphenhydramine) which is especially important at exam time. It was also found not to have any adverse effects on performance for adults at work compared to sedating antihistamines, nor does it have any effect on driving.^{2,3}

And if you need further convincing, how about taking the recommendation of a group of people who take allergy relief and performance very seriously: the armed forces. The RAF stated that loratadine is the oral antihistamine of choice for the RAF, the Army and the Royal Navy.⁴

Loratadine is the active ingredient in Clarityn Allergy. Clarityn Allergy tablets and syrup taken once a day minimise customer inconvenience and maximise compliance. Clarityn Allergy is the leading non-sedating antihistamine produced by Schering-Plough. The one-a-day core products are

Clarityn Allergy tablets for adults and children over 12 years and Clarityn Allergy syrup suitable for children over two years old. For those people who have red or itchy eyes, Clarityn Allergy Eye Drops containing sodium

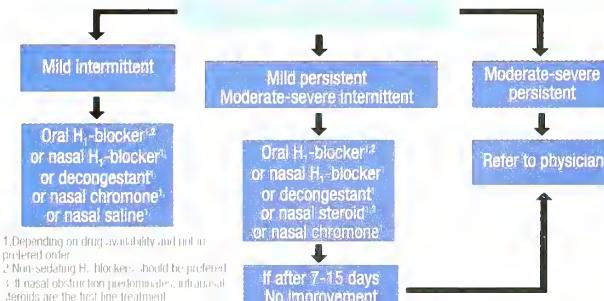
cromoglycate can be used.

Clarityn Allergy has the greatest spontaneous recall of any branded non-sedating antihistamine and consumers are also more likely to self-select Clarityn Allergy than a generic equivalent. Its popularity is demonstrated by market research data putting the Clarityn Allergy 7 tablet pack as the top selling antihistamine valued at £7.4 million MAT in an oral antihistamine market valued at £60.9m.⁴ Clarityn Allergy's market share is 17%. It is the single most successful selling brand despite the entry of generics, in the fastest growing OTC sector, growing by 12.2%.⁴

Backing up the message of the benefits of Clarityn Allergy, Schering-Plough is spending £1.5 million on an intense advertising campaign airing until the end of June on terrestrial and satellite television.

So if your hayfever customers think they either have to sneeze or snooze, you can be confident in recommending Clarityn Allergy as truly non-sedating.

How to select a treatment for allergic rhinitis



1. Depending on drug availability and not in preferred order.

2. Non-sedating H1-blockers should be preferred.

3. If nasal obstruction predominant, inhaled steroids are the first line treatment.

4. Intermittent = < 4 days per week. Persistent = 4 days per week and < 4 weeks. Mild = normal sleep, no impairment of daily activities, sport, leisure, normal work and school, no troublesome symptoms. Moderate/severe = one or more of the following abnormal sleep, impairment of daily activities, sport, leisure, impairment of work and school, troublesome symptoms.

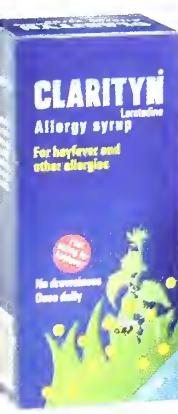
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2. Vuurman EPM et al. *Ann Allergy* 1993; 71 (2): 121-26

3. Kay GG et al. *Arch Otolaryngol Head Neck Surg* 1997; 125: 2350-2356

4. IRI data MAT p/e 20 Mar 2004



CLARITYN ALLERGY Basic Product Information Clarityn Allergy Tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. **Indications:** Adults and children aged 12 and over. For the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. Children aged 2 to 12 years. For the symptomatic treatment of hayfever and allergic skin conditions, such as urticaria. **Dosage:** Adults and children aged 12 and over: one tablet once daily or two 5ml spoonfuls of syrup once daily. Children aged 6 to 12 years: two 5ml spoonfuls of syrup once daily. Children aged 2 to 5 years: one 5ml spoonful of syrup once daily. **Contra-indications:** Precautions: Hypersensitivity. Pregnancy and lactation: Use in children under 2 years. **Side-effects:** Rarely, fatigue, nausea, headache, alopecia, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias. Tachycardia and syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 3A4 and 2D6 metabolic pathways may result in elevated plasma levels of loratadine or the concomitant medication. **Pack sizes:** Cartons of 7 and 21 tablets. Bottles of 50ml, 60ml or 100ml syrup. **Retail Price:** Tablets: 50p, syrup: 10p. **Product Licence Number:** 0201/0175. **Product Licence Holder:** Schering Plough Ltd, Shire Park, Welwyn Garden City, Herts, AL7 1TW. Date of Revision of text: March 2003.

CLARITYN ALLERGY EYE DROPS Basic Product Information: Clarityn Allergy Eye Drops contain sodium cromoglycate 0.1% w/v. **Indications:** For the treatment of acute seasonal allergic conjunctivitis including hayfever and perennial allergic conjunctivitis. **Dosage:** Adults, children and elderly one or two drops into each affected eye up to four times daily. **Contra-indications:** Hypersensitivity. **Side-effects:** Irritated blurring of vision, burning, stinging may occur. **Pack size:** 10ml. **Recommended Retail Price:** £1.99. **Legal Category:** P. **Product Licence Number:** 0101/0141. **Product Licence Holder:** Schering Plough Ltd, Shire Park, Welwyn Garden City, Herts, AL7 1TW. UK Date of Review: October 2002. **Clarityn Allergy Eye Drops** 0.1% w/v. Allergy/UK/03/03/3



The knowledge

Cambridge Counterpart is the complete guide to working on the medicine counter

The Cambridge Counterpart training course has given over 12,000 pharmacy assistants the knowledge they need to work professionally and effectively on the medicines counter. It remains the easiest to use and the best value training course for counter assistants.

Counterpart's 14 distance learning modules are accredited by the College of Pharmacy Practice.

How to register

Each assistant must be registered for telephone marking and certification at a cost of £41.13. Each assistant will also need access to a training pack. A pack costs £29.38 and can be used by up to four assistants.

Just complete the application form below and post it to us with a cheque, or alternatively call with your credit card details.



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Pharmacy

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Course registration fee of £41.13 per person

Name £

Name £

Name £

Name £

Sub total £

Please include () sets of modules at £29.38 each

£

Total £

All prices include VAT



Post your completed form, with a cheque payable to CMP Information Ltd, to: Mary Prebble, Pharmacy Editorial Projects, Sovereign House, Sovereign Way, Tonbridge, Kent. TN9 1RW

For further information, or to make a credit card payment, contact Mary Prebble on 01732 377269

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behind the COUNTER

Easter hit our shop like an avalanche. Everyone seemed to have a prescription and the demand for over the counter medicines, to take away or to keep in the cupboard just in case, sent us all into top gear. Even the hayfever sufferers descended upon us because the tree pollen had triggered the start of their annual symptoms.

Holidays always bring lots of children into the shop. Some are adorable and most are well-behaved, but waiting times and the sight of so many interesting packages and bottles can be just too much for them. Younger children often get very frustrated and this results in prolonged crying sessions, while older youngsters will often use the opportunity to explore. Busy, sticky little fingers make door handles and stock disgustingly tacky and the

He was a large child and he lunged at the sweets

windows very smudgy. Some little darlings enjoy rearranging shelves and removing price labels, but when boisterous games of hide and seek or chasing develop around our gondola, I'm afraid I have to ask parents to take some control for safety's sake.

Have you noticed how children can home in on the sweet counter as if they are equipped with radar? Over the years the sale of confectionery has caused more chaos in our shop than any other product. The other day a customer came in with a little boy and he made straight for the sweets. When his mother firmly told him he couldn't have any, he persisted and eventually a full-blown tantrum developed.

He was a large child and he lunged at the sweets on the top shelf. The front strip came off and all the Easter eggs and chocolate buttons fell on top of him. Thank goodness he wasn't hurt, but he did look funny with several packets of chocolate buttons sitting in his hood and a whole box of cream eggs scattered around him. His mum looked shocked. She picked him up, took him home and returned later for his prescription. The first thing she wanted to know was if the medicine was sugar-free, then she said she thought we were setting double



Sarah B Kranz

standards by selling sweets on one shelf and promoting oral hygiene on another. It made me wonder, should we really be selling sweets? Every paper or magazine I pick up these days has an article on obesity. I asked my pharmacist about this and he said: "Follow the planogram!"

I often wonder who designs these shop layouts because recently our condoms have been moved to a shelf that is almost at ground level and customers now can't find them. I don't think this will do much for STDs and unwanted pregnancies, do you?

Verity

FREE! Your chance to see if selenium can help halt age spots

Will you be waiting for yet another age spot to appear on your hands, face or neck as the summer sun wanes into autumn this year? Research indicates that you can help to protect your skin from these unsightly brown spots – the result of a lifetime's accumulation of sun damage – by taking supplements such as selenium and vitamins A and E.

Research by Dr Roddie McKenzie at the University of Edinburgh suggests that the most protective effects of taking selenium

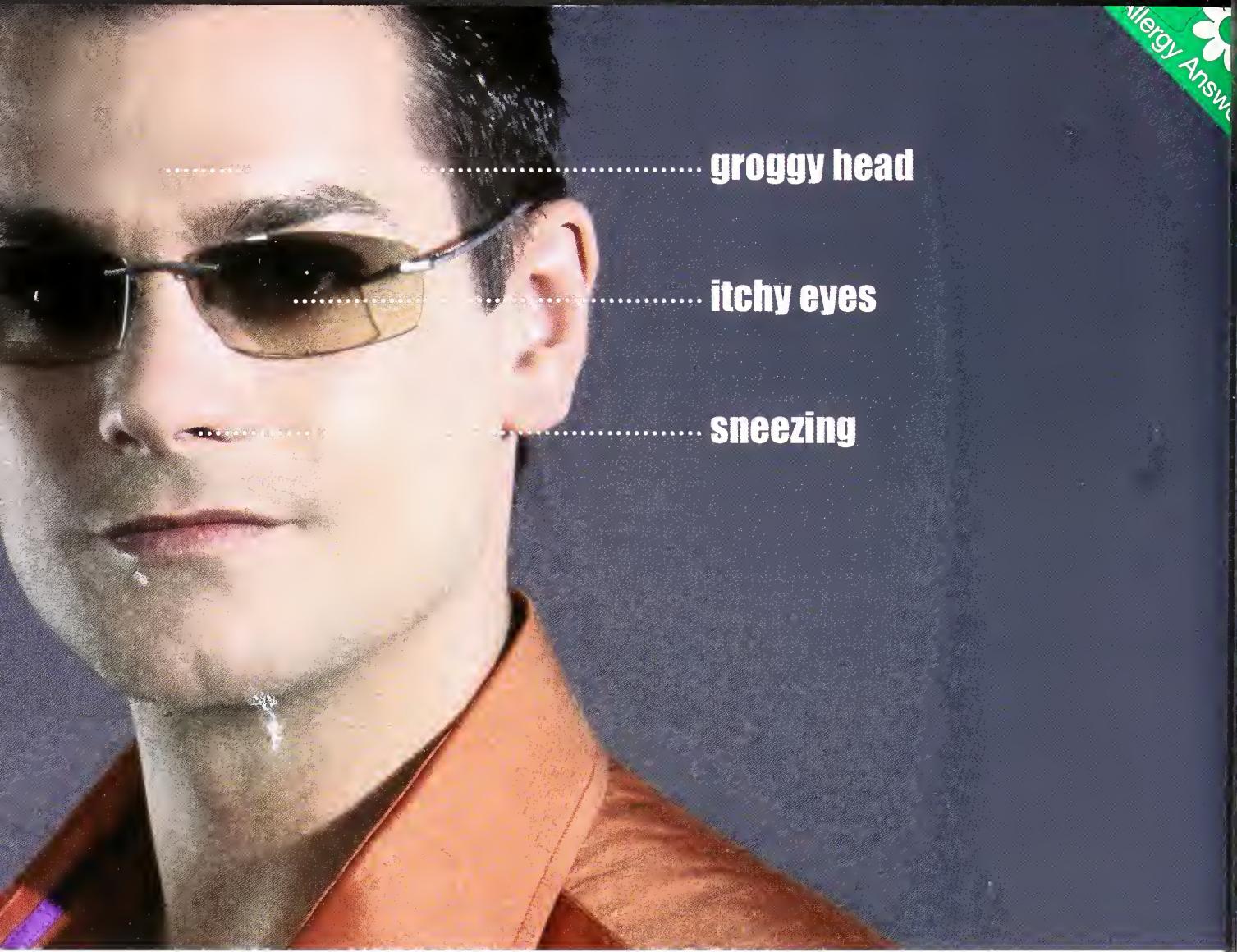
occur in people who are short of this vital trace element – which is most of us!

Dr McKenzie's work has shown that protection is greatest if a selenium antioxidant is taken before exposure to UV irradiation. In laboratory-protected cells incubated with selenium-containing proteins only 13 per cent died after exposure to ultraviolet [UVB] compared with 79 per cent of those without selenium protection. Selenium also appears to protect cells from DNA damage, so sun

damage may be less likely to trigger the development of skin cancer.

A month's supply of Wassen's Selenium-Ace, combining Selenium with other important antioxidants, vitamins A, C & E, costs £4.25, but we have 30 packs to give to readers. Just send your name, address and the name of the pharmacy where you work to. **Over The Counter/Selenium Offer, Sovereign House, Sovereign Way, Tonbridge, Kent N9 1RW**, to arrive by June 30 2004.





groggy head

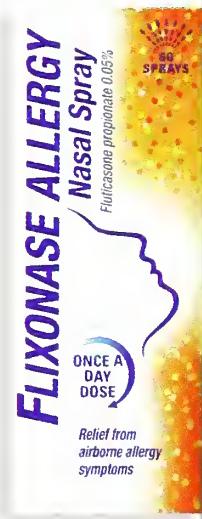
itchy eyes

sneezing

Flixonase® for the man who has everything

You won't find a more complete answer to airborne allergy than Flixonase Allergy Nasal Spray. Unlike antihistamines, it treats all three major chemical pathways: histamine, leukotrienes and prostaglandins.¹⁻³ That's why it can relieve both early and late phase symptoms, from itchy eyes to groggy heads.⁴⁻¹²

Recommend Flixonase Allergy, the most effective once a day airborne allergy treatment.^{4-10,12}



Flixonase Allergy Nasal Spray Product Information. **Presentation:** Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. **Adults and the healthy elderly:** Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. **Children under 18 years:** Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side**

effects: Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. **Flixonase** is a registered trade mark of the GlaxoSmithKline group of companies.

References: 1. Howarth PH. Allergy 2000; **62:** 6-11. 2. Rak S et al. Clin Exp Allergy 1994; **24:** 930-939. 3. LaForce C. J Allergy Clin Immunol 1999; **103:** S388-394. 4. Jordana G et al. JACI, 1996; **97:** 588-595. 5. Van Bavel JH et al. Ann Allergy Asthma Immunol 1997; **78:** 128. 6. Gehanno P. Desfougeres J-L. Allergy, 1997; **52:** 445-450. 7. Rather PH et al. J Fam Pract 1998; **47:** 118-125. 8. Stricker WE et al. Ann Allergy Asthma Immunol 1998; **80:** 115. 9. Kaszuba SM. Arch Intern Med 2001; **161:** 2581-2587. 10. GlaxoSmithKline Data on file, FNM30033. 11. GlaxoSmithKline Data on file, FNM40184 & 0185. 12. Vervloet D et al. Clin Drug Invest 1997; **13**(6): 291-298.



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So much more than an antihistamine

Allergy Answer